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THE CHICAGO CLINIC

A MONTHLY JOURNAL

Devoted to the Best Interests of the Medical Profession

EDITED BY

DR. J. HOMER COULTER

WITH THE COLLABORATION OF THE FACULTY OF THE
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VOLUME XI

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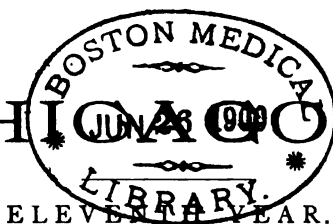




· CHARLES DAVISON, M. D.

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THE CHICAGO CLINIC



VOL. XI—No. 1.

ELEVENTH YEAR.

JANUARY, 1898.

Inguinal Hernia.

By CHARLES DAVISON, M. D., Professor of Surgery
Chicago Clinical School, Attending Surgeon
to Cook County Hospital and West
Side Hospital.

(A Clinic at Cook County Hospital, Nov. 8, 1897.)

Gentlemen: I introduce this patient to show you the result of the operation for the radical cure of inguinal hernia performed in this clinic two weeks ago.

As you see, there is a simple cicatricial line at the point of operation, and the surrounding skin is smooth and of natural color. Complete primary union has occurred throughout the wound.

The man will be kept in bed one week longer to allow the cicatrization to become firm and strong, after which he will be allowed to go about the ward.

I advise all patients after this operation to be fitted with an elastic abdominal support as soon as they assume the erect position, not a truss, which causes absorption of the newly-formed barrier to the hernia, with weakening of that part of the abdominal wall upon which the pad rests, but a broad elastic band, which will provide support to the entire lower abdominal wall.

In this second case which I present, you will recognize the man who was the subject of operation for inguinal hernia in this clinic a week ago to-day.

The original dressings have not been disturbed. As I remove them we see that the wound is clean and dry, that the wound has remained aseptic. I will carefully remove the silk-worm gut sutures. Observe how easily they are taken out, and remember that they are figure of eight sutures and have held together two layers of tissue.

Fresh dressings will be applied and left in position for one week, if there are no signs of suppuration.

This old man I present to you to show the differential diagnosis between strangulated and incarcerated hernia.

You will remember that inguinal herniæ are divided according to our ability to re-

place the protrusion by taxis into reducible hernia and irreducible hernia.

An irreducible hernia may be simple, incarcerated or strangulated. It is a simple irreducible hernia when adhesions have formed between the sack and its contents to such an extent that it cannot be returned into abdominal cavity without operation, and when there is no obstruction to the fecal current in the bowel, nor of the vascular circulation in the wall of the included intestine.

It is incarcerated hernia when the fecal passage is obstructed at the point of the imprisoned bowel, but at the same time the constriction is not so tight as to interfere with the blood circulation in the walls of the intestine.

This usually occurs in old relaxed people, when the imprisoned coil of bowel becomes filled with gas, feces and indigested food.

There will be eructations of gas, vomiting of stomach contents and constipation, but the constipation will not be so complete but that it can be overcome by proper treatment. There will be impulse on coughing at the site of the hernial tumor.

It is strangulated hernia when the protruded bowel is so tightly pinched that there is obstruction to the vascular circulation in its walls and complete obstruction to the fecal passage through its canal. There will be complete constipation, persistent vomiting, at first of stomach contents, quickly followed by fecal vomiting, local pain, dullness on percussion over the hernial tumor and absence of impulse on coughing. These symptoms are rapidly followed by symptoms of shock and collapse. If the strangulation is not relieved death is the inevitable result.

To recapitulate the salient points in diagnosis. Incarcerated Hernia:

1. Stomach vomiting.
2. Constipation.
3. Impulse on coughing.

Strangulated Hernia:

1. Fecal vomiting.
2. Absolute constipation.
3. No impulse on coughing.

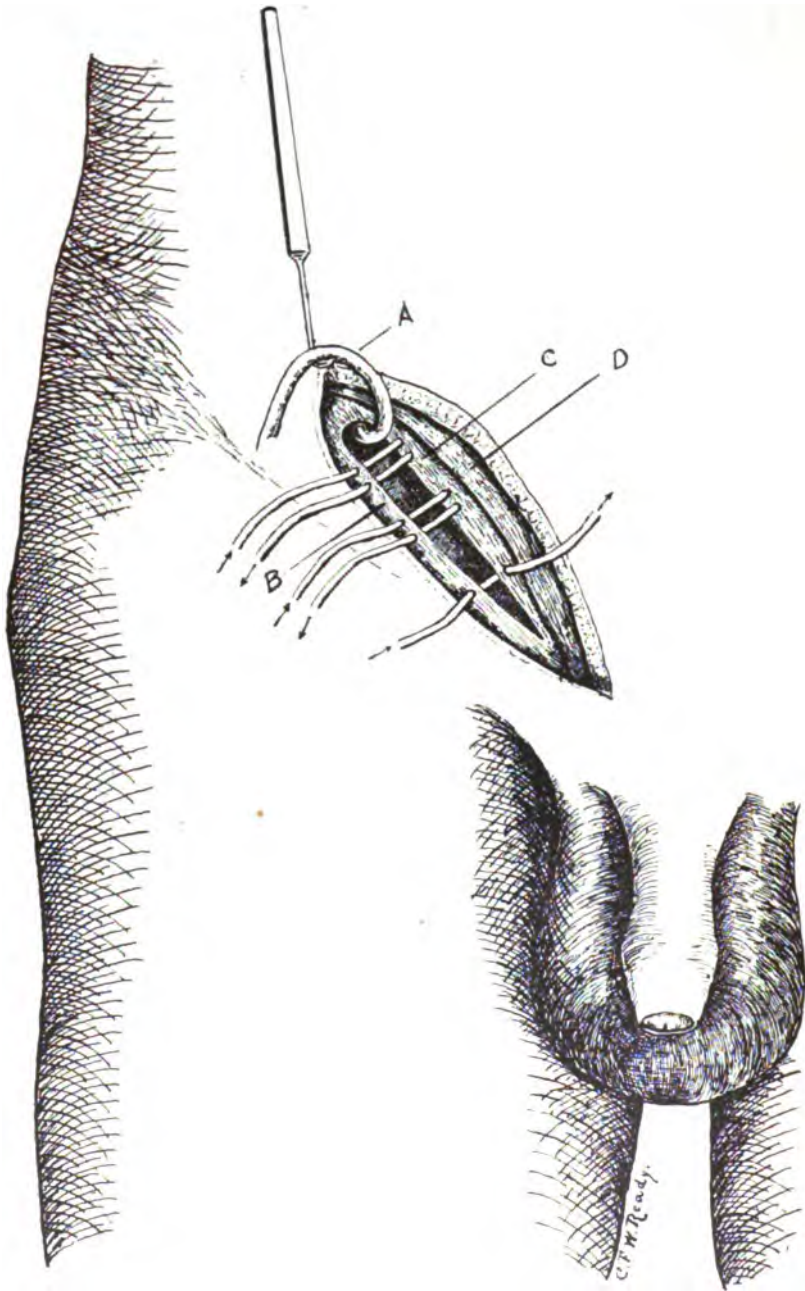


FIG. 1.—SUTURES OF DEEP LAYER IN POSITION READY TO TIE.

A—Spermatic Cord. *B*—Poupart's Ligament. *C*—Conjoined Tendon.
D—Aponeurosis of External Oblique Muscle.

The old man lying on the cart is a Canadian, 84 years of age, feeble, with sclerotic arteries and a right inguinal hernia of thirty years' standing. It has always been reducible until four days before admission. He had been vomiting and without bowel movement for two days. He was traveling alone from Canada to some Western State, and when he reached Chicago he was taken from the train and brought to this hospital, said to be suffering with strangulated hernia.

The question of diagnosis was of vital moment to this man. At his age of life and in his condition he could poorly stand a severe operation, and should not be subjected to it unless as a life-saving measure of last resort. If a strangulated hernia, he must be operated upon at once or he will surely die. If an incarcerated hernia palliative treatment would relieve him.

On examination we found a large hernial tumor in the right inguinal region; it was tense; tympanitic on percussion; gases and fluid could be moved about on palpation; there was impulse on coughing, which alone was enough to eliminate strangulated hernia.

We had to deal with a case of incarcerated hernia, and there was ample time to overcome the trouble by simple means.

Shortly afterward he had an emesis of stomach contents and almost simultaneously a spontaneous and forcible bowel movement.

He was convalescent, and required no other treatment.

The next patient, who is being prepared for operation, is an Irish-American laborer, aged 40, married, moderate drinker, no venereal history, usually healthy.

A right inguinal hernia was produced by lifting a piano fourteen years ago. It has always been reducible; has worn a truss but small part of the time; not at all for past three years.

His preparation for operation was started yesterday. He was given a cathartic, the parts were shaved and scrubbed with green soap and hot water and bichloride dressing applied. He is now being thoroughly cleaned by having the field of operation again scrubbed, using sterile soap and hot sterile water, washed with alcohol, with ether, with 5 per cent solution of carbolic acid, with 1 to 1,000 solution of bichloride of mercury, with sterile water, ending with alcohol.

The preparation must be perfect, for on the aseptic healing of the wound depends the success of the operation.

There are several standard operations for the radical cure of inguinal hernia. The operations described by McEwen and Bassini and their modifications are probably the best.

The technique of McEwen's operation is incision, to open the inguinal canal, exposing the internal ring, folding the empty sack by means of a puckering suture and using it as a pad to reinforce the internal ring from its abdominal aspect.

The cord is allowed to pass out of the lower angle of the hernial opening. The conjoined tendon is sutured to Poupart's ligament by sutures that cause their edges to overlap.

Bassini's operation consists of the same incision; the emptied sack is tied and cut off, the cord is allowed to pass out at the upper angle of the hernial opening, the conjoined tendon is sutured to Poupart's ligament by edge to edge apposition, after which the fascia of the external oblique muscle is sutured to Poupart's ligament over the cord, making a new inguinal canal.

In the operation to-day I will combine the good points of the two operations.

The patient now being thoroughly anesthetized, I will make an incision through the superficial tissues over the inguinal canal, cutting down until I have thoroughly exposed the internal inguinal ring. I am careful to avoid the cord and the hernial sack. The inguinal canal is now opened. My finger is in the internal inguinal ring. This is the cord. You can see the fibers of the cremaster muscle running across. This hard white cylindrical part is the vas deferens.

As I carefully separate the tissues you see that the part to the inside is of pearly white color. It is the sack. As I raise up the parts to the light you can see a distinct dividing line between the white opaque sack and the thinner and more translucent fascia connected with it and the cord. I am carefully separating the sack from the cord. Having freed the cord, I will place a piece of gauze beneath it and draw it aside where it will be out of the way of injury.

I now pick up the sack with rat-tooth dissecting forceps, and nick between them, so as to avoid any cutting of intestines if they are present in the sack. I have now opened the sack and find that the intestine

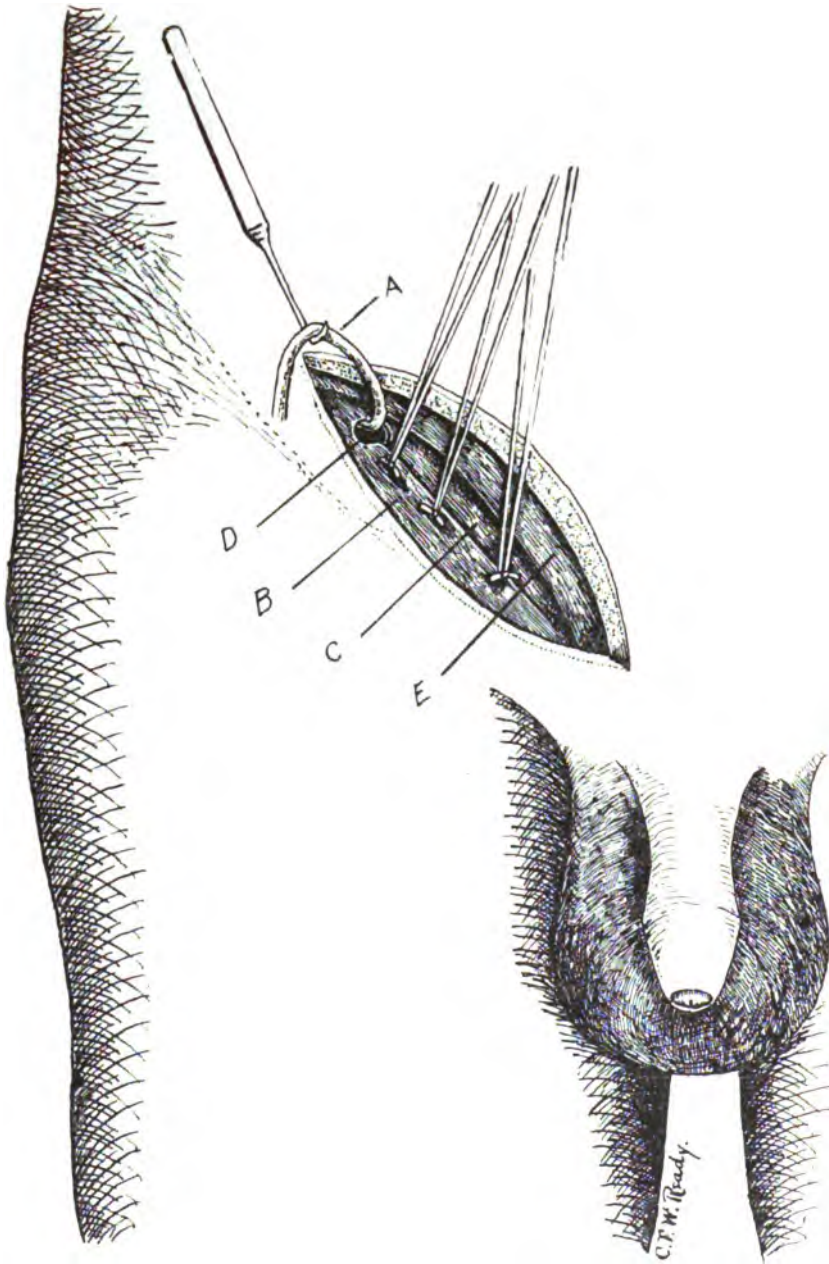


FIG. 2.—DEEP LAYER, WITH SUTURES TIED.

A—Spermatic Cord. *B*—Poupart's Ligament. *C*—Conjoined Tendon.
D—New Internal Ring. *E*—Aponeurosis of External Oblique Muscle.

has returned to the abdominal cavity, but that it still contains a mass of omentum held by recent friable adhesions, which are easily broken down and the omentum returned to the abdominal cavity. I consider that the sack is a result of the hernia, that it has nothing to do with the origin of the hernia, and that its treatment will have nothing to do with the return of the hernia. Consequently I will remove it. I will ligate it with a double ligature, close down below the neck, cut it off, see that all bleeding is stopped, that the stump is dry, and drop the stump back into the abdominal cavity.

I will next examine the cord; you see that there are several large veins which form a part of it.

I will tie a part of these veins in two places and cut out the section between, so as to reduce the size of the cord where it comes through the abdominal wall. I am careful to destroy only a portion of these veins, leaving enough for the return circulation from the testicle, and I am careful not to bruise the cord in handling it, lest an orchitis might develop, with resulting atrophy of the testicle.

In patching this man's abdominal wall, I shall follow Nature's plan as nearly as possible. I shall endeavor to form a new internal inguinal ring at its natural site, at the upper angle of the opening. I shall make it as small as possible, while allowing the cord to pass without constriction. I shall endeavor to construct a new inguinal canal to carry the cord in an oblique direction through the abdominal wall, so as to get the valve-like structure over the internal ring similar to that which Nature had put there before.

I now pass the first suture at the upper part of the opening, letting the cord pass out above it. This suture must be put in carefully, as it shapes the new internal ring; it must be close enough to the cord to make the opening so small that a new hernia will not find its way through, and yet it must not be so close that the cord will be strangulated. This must be made the point of greatest resistance, as it is the point where a recurrence of the hernia is most likely to begin.

I pass this suture through Poupart's ligament about three-eighths of an inch from its edge, penetrating the ligament from the outside, emerging from its internal surface. I next penetrate the conjoined tendon of the transversalis and internal oblique muscles

at about the same level and distance from its edge, going from its outer surface toward its inner surface.

I now pass my suture back again through the same tissues in the opposite direction, penetrating the conjoined tendon about one-half inch below, from its inner surface toward the outside, and passing across the opening and penetrating Poupart's ligament from its inner toward its outer surface, at about the same level and distance from its edge. (Fig. 1.)

Now, as I make traction on my suture, you see that it imbricates the pillars, that Poupart's ligament is drawn over the conjoined tendon twice the distance that my suture is from the edge, that instead of edge to edge apposition of tendinous structures, as in Bassini's operation, there is here broad surface to surface apposition, which will surely make a stronger union.

I am now passing another suture in the same manner below the first one. As I draw these two sutures taut you can see that the opening is closed, except a small space at the lower angle where the pillars are attached to the pubic bone and cannot be overlapped. At this point I will use an ordinary interrupted suture.

I will now tie the sutures, beginning at the upper one.

As I make traction on the tied sutures (Fig. 2), you can see that I have taken up all the slack in the relaxed abdominal tissues, that I have built up a strong tendinous barrier against a recurrence of the hernia.

The sutures of this deep layer must be buried and cannot be taken out.

They must be made of material that can be rendered perfectly aseptic. They must be made of material that can be left in position without irritation, that will not absorb before firm union of the tissues has taken place.

I prefer hardened catgut for this layer. It can be made perfectly aseptic by boiling and can be hardened, so that when inserted in these tendinous tissues—the pillars are not muscular tissue in any part—will hold the pillars in apposition for a long time, until the cicatricial tissue has become firm and strong, and will eventually undergo absorption or organization.

Silk is never absorbed, and even after a long time is liable to cause irritation, and to either granulate out or cause stitch abscesses.

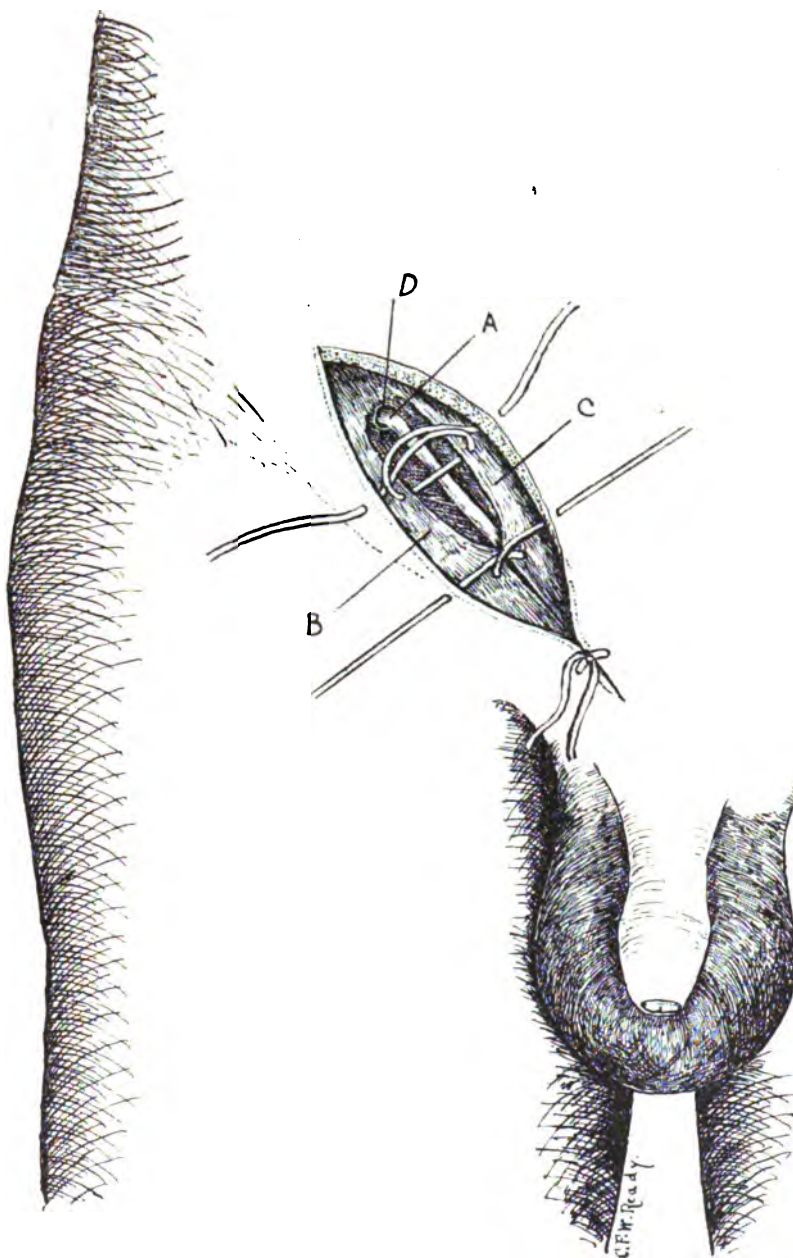


FIG 3—METHOD OF COMBINED SUTURE OF MIDDLE AND SUPERFICIAL LAYERS.

Lower Suture Tied. Middle Suture drawn taut showing approximation of Aponeurosis of External Oblique and Poupart's Ligament.

A—Spermatic Cord. B—Poupart's Ligament. C—Aponeurosis of External Oblique Muscle.
D—New Internal Ring.

I will now cut my sutures short and place the spermatic cord on this deep layer, which is to be the posterior wall of the new inguinal canal. I draw the aponeurosis of the external oblique muscle over the cord and suture it to Poupart's ligament, forming the anterior wall of the inguinal canal.

This covers the cord with a strong aponeurotic covering, which protects it from external violence. It covers the new internal ring with a layer which becomes tense and seals the ring all the tighter when there is muscular contraction of the abdominal walls with increased intra-abdominal pressure.

By means of a figure of eight suture of silkworm gut I will unite this aponeurosis to Poupart's ligament with the same suture that closes the skin incision (Fig. 3.)

Passing the suture through the skin at the outer side of the wound, very close to its edge, then through the aponeurosis of the external oblique from without in, then through the edge of Poupart's ligament from within outward, then through the skin on the opposite of the wound. (Upper suture, Fig. 3.)

As I draw on the ends of the suture, you see that it approximates the edges of the ligament and aponeurosis first (Middle suture, Fig. 3), and finally the edges of the superficial layer. (Lower suture, Fig. 3.)

By this little maneuver we effectually close the second layer without the necessity of buried sutures.

With a series of similar sutures I close the entire wound.

I will now apply a copious dressing of sterile gauze, which will be left in position for one week, when I will expect to find the wound healed by primary union.

A New Nasal Speculum.

Devised jointly by J. HOMER COULTER, A. M., M. D., Ph.D., Professor of Diseases of the Nose and Throat, Chicago Clinical School; Prof. Rhinology and Laryngology, Harvey Medical College; and

EDWIN PYNCHON, M. D., Professor of Rhino-Laryngology and Otolaryngology, Chicago Eye, Ear, Nose and Throat College; Senior Assistant Aural Surgeon, Illinois Charitable Eye and Ear Infirmary, Chicago.

An efficient nasal speculum is preëminently the desideratum is rhinological practice. We have been experimenting with the object of producing a speculum which

would be equally valuable for either examination or operation. Our experience has been more favorable with hinged lever specula than with any of the self-retaining, smaller, slighter and more springy patterns which are so frequently met with.

To simply stretch the meatus is not the only requisite in order to obtain a good view of the nasal passages. The speculum employed must serve us in other ways in order that it may prove to be the acme of success. It should be of a size large enough to be easily grasped by the hand of the surgeon, and thus serve as a convenient handle whereby the nose may be guided as desired, or held fixed in one position with a reasonable degree of firmness. Having one hand thus engaged is no detriment, as in most intranasal operations only one hand is required, while the other is best employed in steadying the field of vision by a firm, though gentle, traction with the speculum. In this way there will be but little requirement for a headrest, even in a sawing operation, particularly if the saw is set to cut on the pull. In using burrs and trephine with the electric engine, no headrest is required.

The standard styles of nasal specula of the variety under consideration were found to possess certain common characteristics, which we have in many instances been compelled to regard as faults.

(1) The blades are placed at about right angles to the handles; therefore, when being used, the handle falls too close to the patient's chin. On the other hand, if the handle be held forward and away from the chin, the blades point to the floor of the nasal passages.

(2) In opening the speculum the upper edges of the blades travel farther, or open wider, than do the lower edges. To in a measure overcome this defect, some of these specula are hinged nearly half way down the handle. As the nasal passage and meatus are wider below than above, it would seem wiser to have the speculum made to conform to the anatomical requirements.

(3) The blades, being generally wedge-shaped, display a tendency to slip out while being used. In cases wherein the meatus is large the entire blade slips inside the passage.

(4) The springs met with are generally too strong; this, in combination with the location of the hinge pivot nearly half way down the handle, gives nearly as great a

degree of motion to the blades as is given to the handles when being compressed; causes increased difficulty in gently expanding the blades.

We here illustrate a nasal speculum, the result of considerable thought and experiment, made with the object of avoiding the defects above alluded to.



Instead of being at right angles to the handle, are placed at an angle of about 60 thereto. When viewed from the side the handle is found to be slightly serpentine. The first downward bend gives increased room during instrumentation, and, by pressing against the upper lip when in use, tends to prevent the blades being too far inserted. To further assist in this latter aim, the upper, anterior corner of each blade terminates in a horn, which horns so engage the meatus as to prevent the before-mentioned and undesirable "slipping into the nose."

When the blades are fully closed, while the upper edges touch each other, the lower edges are some distance apart, giving a space in vertical cross-section the shape of an isosceles triangle. The advantage of this arrangement is, that while as easily introduced as those specula the blades of which approximate both above and below, it insures at all stages of expansion a greater stretch of the lower than of the upper part of the meatus. The handles, between the hinge and the blades, are somewhat apart, even when the blades are fully closed; therefore, when the blades are separated while the instrument is in use, the space between the handles is materially in-

creased, so as to give the greatest amount of room during the employment of saws, drills, etc., while operating.

The most characteristic feature of this speculum is the "hump" on the outer, upper edge of both blades, in combination with the hollow or depression between the humps and the hornlike terminals. This combination gives to the instrument its retaining feature, and prevents that frequent "slipping-out" which has been previously noted, and thus permits of gently persuading the patient to remain stationary.

In the introduction of the speculum the tip and "humps" should first be entered within the meatus, while the blades are closed, and the handle held well out from the chin. Then drop the handle down toward the chin, holding it parallel with the median line, and then expand the blades. The upper margin of the meatus will fit in the hollow or depression between the humps and horns. In use it will be found painless, in fact comfortable, certainly a feature of great merit. The humps also increase the expansion just inside of the upper margin of the meatus, and thus facilitate a better view of the attic of the passage as the nose is pulled forward, while the tip is being elevated.

Beyond the humps the blades rapidly diminish in size, and at the terminus are so delicate that the instrument serves admirably for examination of the smallest noses met with, or in those cases where the meatus is chapped or inflamed. The length of the blades is somewhat less than is that of the blades usually met with. To compensate for this shortcoming, the blade at the proximal end is made slightly wider from top to bottom than is usual. By these modifications, when the speculum is fully inserted, the expanding outer blade never presses against the inferior turbinal, and the maximum stretch of the meatus is obtained.

As this instrument does not aim to belong to the class of self-retaining devices, it is not provided with any set-screw to prevent closure of the blades. The spring is made particularly weak, and the sliding end rests in a groove to insure its remaining in place. The hinge-joint is so made that tightening the screw-pin will not cause the joint to bind. A knob is placed at the end of either handle, which allows the instrument to be more firmly held in the hand. The handles are somewhat longer than

usual, which gives increased convenience in use, and is of particular value if the patient is to assist by holding the speculum.

The instrument has not been made more than ordinarily "aseptible," inasmuch as nasal surgery of the kind in which such a speculum will be used, requires only simple, decent cleanliness. A thorough washing in boiling water, followed by drying and heating over an argand burner, is all sufficient.

The speculum has been neatly constructed for us by Messrs. Truax, Greene & Co. of this city.

(Columbus Memorial Building.)

Heart Diseases from the Point of Life Insurance.*

By ROBERT H. BABCOCK, A. M., M. D., Chicago.

In looking up the subject in general I began to fear that there was not very much I could say on the subject that would be of especial interest to the members of this society. But inasmuch as there are a number of companies which have made a distinction in the matter of insuring these so-called under-average risks, I take it for granted that there has been recognized some reason for the change, and that possibly the medical examiners have now more closely differentiated cardiac lesions. At any rate, I will attempt to give very briefly some reasons why I should say that certain applicants with apparent cardiac lesions are in reality very fair insurance risks, indeed much better, in my opinion, than many they have already taken, who show no bad indications whatever, on the superficial examination under which they were accepted.

The instructions of most of the medical directors to their examiners are in effect, that an applicant whose pulse is above 90 persistently, or, on the other hand, below 60 persistently, or if there be present arrhythmia with a murmur, then the applicant must be rejected. There are but few exceptions to this general rule. I believe there are only about four companies who will accept an applicant who has one of these conditions present, that is, who have an established rate for under-average risks.

This is most certainly a move in the right

direction. We all know there are many cases of distinct heart lesion where there is a perfect compensation, and in general we may say, that where there is perfect compensation there is, as a matter of fact, if the person be young and all the hygienic conditions favorable, very little danger of the individual not living out their expectancy from this cause. They are beyond doubt much better risks than many which the company has accepted without question.

With insurance companies it is a matter of cold dollars and cents. They have found from their experience that it is money in their pockets not to depend too much on the ability of their examiners to recognize grave cardiac conditions. They have forced the examiner to be a mere machine in his work. Their attitude is one of decided distrust in the reliability of the examiner with regard to cardiac conditions generally.

The general manager of one of our largest insurance companies once said to me: If my chief medical examiner for this city should suddenly forget all his strictly medical knowledge, I should still retain him as my medical adviser, because of his general knowledge of the men in Chicago, and as well the conditions surrounding and influencing them as insurance risks; even as such an adviser he would be invaluable to me. He also said that he could by simple inspection pick out the insurable risks in a line of one hundred men passing slowly before him. I simply assured my friend that I could pass before him a line of twenty men, every one of whom he would unhesitatingly pass by his inspection method, and yet every one of that number would be suffering from some serious cardiac condition.

Now admitting that there does exist this deplorable discredit of examiners in general, it then becomes a quite pertinent question, Why does this condition exist? In my opinion it is, (1) because of the difficulty in securing as examiners physicians in whom the medical director can place perfect confidence. If this be true, the fault is not one entirely within the profession; it must be in a large measure with the companies themselves. I venture to say that if they would by some means entirely divorce the examiner from the agent, and in addition make him realize his independence, and as well recognize and reasonably recompense ability to differentiate grave

*An abstract of an address delivered by invitation before the Life Insurance Examiners' Association of Chicago, Jan. 25, 1898.

cardiac conditions, then both company and examiner would be much better off mutually. (2 I would also criticise the methods usually employed in the appointment of medical examiners. I recognize at the same time the difficulty of securing the best men to make the examinations, because they are too busy with their professional work otherwise to give this matter the attention which they realize it deserves. In another instance, some young man makes an application for appointment as examiner and gives as reference the names of several of the physicians in the place; these, more than likely, have known him personally for varying periods of a few weeks or a few months. But the very perfunctoriness with which these references are given destroys their value to the company as such.

Furthermore, the agent wants an examiner in a place, and after looking around and making some inquiries, sends in to the company the name of some man whom he wishes appointed, and most likely the man is appointed.

Now that these methods are defective it will be freely admitted, but what is the remedy? It may be somewhat utopian to even suggest it, but would it not be infinitely better, if it were possible, to make these appointments of examiners after an examination as to their fitness? Such examination, of course, should be as to their ability in physical diagnosis particularly.

One of the greatest difficulties in the way of securing good examinations is the fact that the fees now usually paid are too low. The companies now get an examination made for three dollars, and, indeed, even as low as two dollars, for which they formerly paid five and ten dollars. Now, as concerns our subject, if the companies want a perfectly reliable representation of the real condition of the applicant, they cannot employ a too competent man to make such examinations, even if they are compelled to pay him a higher price for his work. If they really desire competency, and their success depends on such, then it is a clear business proposition that they should not hesitate to pay for the same.

It must be admitted that the rank and file of examiners are none too competent to make a critical examination of the more intricate cardiac conditions. This arises from the fact that most of our general practitioners in the country have not had the opportunity to perfect themselves in that

branch of practice, both because of the infrequency with which such conditions occur, and as well, because until of late, there was no effort made in our colleges to teach it to the student.

Then, too, it must be admitted that that man will get the most examinations who turns down the fewest men for the agent. This will always occur, unless the company takes an unusual interest in the examiner, and positively and persistently interdicts such action on the part of the agent.

These remarks may explain to some extent why it is that the companies take so cold-blooded a view of the matter, when called upon to accept an applicant having some sort of a cardiac defect.

THE INSTRUCTIONS CONCERNING THE PULSE.—It is usual to reject an applicant if the pulse be above 90 or below 60, persistently, of course, in either case.

A pulse above 90, even persistently, is not a positive proof of serious cardiac disease. I have known patients who had a persistently accelerated pulse above 90, without the slightest trouble being present. Tea, coffee or other agents in many cases may produce this condition.

When the pulse is below 60 persistently, the discrimination is even more to be condemned, for many persons have a normally slow pulse.

In arrhythmia, however, is where the greatest injustice is done the applicant. Arrhythmia is by no means a serious indication in and of itself, and as a prognostic symptom it is very frequently not a serious matter. Arrhythmia with or without a murmur may occur as the result of toxemia, or the reflex from some other organ. These are some of the reasons why I think insurance companies should be more careful in the rejection of these cardiac conditions.

MURMURS.—We doubtless all know of many cases of mitral murmur where there is a perfect compensation in the heart action. I have seen cases of marked mitral, or even pulmonary, insufficiency, in which the individual enjoyed good health for more than fifty years. I have seen aortic insufficiency for thirty years. I know of a young man who has a marked mitral regurgitation, and plays tennis, rides the bicycle, and takes regularly such exercise without apparent trouble or danger. Cardiac murmurs are the least important of the physical

signs of all heart lesions. On the other hand, it is certainly true that we do find many cases of very grave cardiac lesion, without the presence of any murmur whatever. Hence the deduction, that the intensity of the murmur is no indication of its gravity in the ordinary case of heart lesion. In fact, the gravest lesion is almost inaudible. Furthermore, in a general way, I would even say that a young man, with all other conditions being favorable, should not be rejected simply because there is present a moderate amount of simple aortic stenosis.

There is a class, however, whom I would rigidly exclude, as being most hazardous. They are those of large physique, large full chests, they are hearty eaters, but with all this they do not take any or little exercise, and are usually very indiscreet in their diet. These men, although the very picture of health, are the very ones who later in life develop the most serious cardiac lesions. Such a case has come to my notice within the past six weeks. True enough, he has at this time a perfect compensation in his heart's action, but the time will surely come when he will develop an hypertrophy.

I would therefore strongly urge you, who are medical directors, that in cases of very large, robust men, who are apt not to take sufficient exercise, that you have them examined with especial care; particularly should the heart be examined with reference to the *relative* cardiac dullness.

In the matter of heart lesions, there are some considerations which must be borne in mind. The examiner must know what constitutes relative cardiac dullness, whether or not it be present, even if the line of external dullness begin at the nipple. He should know what influence indigestion, nervousness or other reflex conditions may have. He must be able to say approximately what influence a previous rheumatism or gonorrhœa may have on the bearing of the case. All such points must be added to the examination to make it a reliable one as well as a just one.

Age is so obviously an important factor as to need only mention.

The occupation is one of the most important factors; if it be one where the applicant is much exposed, or if he be subjected to oft or repeated strain, or irregularity and indiscretion in diet, then the compensatory of the heart is likely to become disturbed and trouble result. Let me add,

in conclusion, that the habits of the individual are a consideration of the utmost importance, when considering these cases of cardiac murmur.

The Treatment of "Rebellious" Sciatica, with Report of Two Cases.

By T. A. DAVIS, M. D., Professor of Surgery in Chicago Clinical School.

This is preëminently the age of scientific demonstration. Yet with the wonderful progress that has been made, with all that has been accomplished to make our profession abreast of the times, we will have to lay down our lives for years to come with incomplete knowledge of many disease phenomena which are manifested in our race.

Great honor is due the patient, toiling, drudging students who are breaking up the empirical fancies of the somber past to bring out the real truth for more glorious usage. These experimentalists or investigators in our profession are entitled to the eclat not only of their fellows but of all humanity. But for time yet to come, the great efforts of our lives, like that of "William MacLure:"

"A' the doctors in tha land dinna ken as muckle aboot us as Weelum MacLure, an' he's ill tae beat when he's tryin' tae save a man's life,"

must be to struggle against the sufferings of humanity, as empirics, and it is with the shortcoming as such that I offer the treatment given by me to two cases of "sciatica."

Two extremely severe cases which were almost immediately relieved, after failure from weeks of heroic medical treatment, by what I shall term "manipulation," with the aid of the secondary Faradic current, and including, not only "massage," but nerve stretching by a modification of the method "proposed by Trombetta and in accordance with the experiments of Vogt."

Before taking up the history of the cases, I wish to give credit to Mr. George Cooke, the accomplished and skillful masseur, who treated the cases under my directions. I also wish to take the opportunity offered here to recommend the valuable works on massage of A. Symons Eccles and Douglas Graham, from which I have received much useful information. I was led to the study of this subject from a desire to know more about such treatment, which I had imper-

fectly understood, and from seeing the word massage so frequently mentioned in surgical literature without the slightest suggestion as to the method of its application.

I have found the knowledge of it so important that I would urge its teachings as a branch in our college curriculum. As Eccles says: "While in many cases massage may be intrusted to intelligent laymen possessing the necessary dexterity, in others success will depend very greatly upon its performance by the physician himself; for it is almost impossible to convey correctly to another the duration, force and extent of manipulation desirable in a given case for the production of a particular effect." The first case came under my care a year ago (I do not report my cases as cured, for, as M. Nicaise on the subject of nerve stretching, says: "Walsham, studying forty-eight cases, reported as cured by elongation (stretching), showed that nearly all had been published too soon. In fourteen of the cases, which he was able to trace, there were nine definite recoveries and five relapses, following after intervals of from five to eighteen months.)

Case I.—The patient, J., a male, married, bridge engineer by occupation, age 42, with a family history and previous history as to health and habit which should promise a long and comfortable life, was injured six weeks before his "present illness" in the following manner: While driving a rivet with a small hammer he missed the object and dealt a hard blow to his right thigh about the border of "Scarpa's Triangle." At first there was severe pain, which necessitated his lying down for a few minutes, but after that he worked right along with but little discomfort, feeling occasionally slight "twinges" of pain in region contused.

In the course of a month the pains grew more severe and changed to the back part of the limb and up the hip to the lumbar spine, shooting at times down the limb to the foot, when he consulted his family physician. He was put to bed and given the usual treatment, opium, quinine, salicylates, cocaine and morphine hypodermically, etc., and growing steadily worse, I was sent for after three weeks of the above treatment had been given.

On examination I found the patient somewhat emaciated, cold, clammy skin, coated tongue, offensive breath, subnormal temperature; a condition which I attributed largely to the salicylates and other drugs,

which promote destructive metamorphosis, and which I knew had been given in large quantity in this case.

The right limb, which was the seat of the disease, was flexed and a pillow was placed under the bend of the knee. The patient was afraid I would cause him pain by touching him, and it required some care and time to make an examination. Any active muscular movement caused great pain to shoot from spine to foot, most severe in buttock. Passive motion of leg was not painful. Any movement of thigh was exceedingly painful. Superficial palpation was painless. Deep palpation of the adductors along the inner border of Scarpa's Triangle was unbearable (the region of the anterior branch of the obturator nerve). Deep palpation along the course of the main trunk of the great sciatic nerve was painful, particularly in its highest part.

Treatment.—A large electrode (flat sponge); the positive was placed under the lumbar spine (the patient in the dorsal decubitus) and the negative pole applied to the sole of the right foot. While the interrupted current was in action, during about half an hour, gentle massage was made to the whole limb. The patient complained very bitterly of the massage (the kneading especially), saying that we were going to kill him, that he couldn't stand any more of that, etc., but before the half hour was up the muscular rigidity ceased and various passive motions were made in the hip-joint.

The stretching of the sciatic was attempted by carrying the thigh with the extended leg up onto the abdomen. How much flexion occurred in pelvis and spine could not be judged, owing to the movements of the patient in his suffering and nervousness. Possibly the thigh would not have attained even a right angle with the pelvis from the force used had the spine been kept rigid. However, sufficient flexion was made to accomplish good results and the limb was kept in the position flexed under a considerable pressure for a few moments.

At first the patient struggled with terrible suffering, but in the midst of a volley of oaths he exclaimed, "Why, I am better!" The limb was put down on the bed and the patient went to sleep and has since been free from pain.

General massage and electricity were continued for two weeks, when the patient returned to his work. No medicine was

given. There has been no return of the disease, the patient keeping well and at work all the time.

Case II.—A. W., one of the most prominent citizens of this ward, age 61, native of Scotland; in this country 43 years. Occupation, looking after his property. A very robust and vigorous man of 190 avoirdupois.

Family history: Father and mother died of old age.

Previous history: La Grippe in 1888—was sick two or three days but did not employ a physician. That was the only sickness he ever had to keep him in bed. Never had rheumatism. Habits good.

Present illness: Patient remembers having sat upon his stone doorsteps about two evenings before the attack of sciatica began.

He went to Rosehill on the train at three o'clock in the afternoon about the middle of last October. The weather was very warm—the thermometer at 84. He was at the cemetery about one and a half hours, and while there did a little work around his son's grave, painted a rustic chair, etc. The ground was dry and warm. He was not in a draught and has no idea of exposure or injury that day. On his returning homeward, seated in a chair car, at about Dunning Station, he felt a pain dart suddenly down his leg from hip to ankle. The pain went through both hips and down the right leg at the same time. It was severe, but he was able to walk from steam cars to street car and from the latter to his home, a distance of about two and one-half blocks.

He was not taken to bed till the following day, when he sent for his doctor—a member of the old school—who gave him the most heroic treatment for eleven days. On the evening of the eleventh day I was called, to find the patient in extreme suffering, both from pain and drug effect; delirious from opium; skin sallow, cold and clammy; tongue heavily coated; breath foul anorexia; nausea and occasional vomiting; bowels constipated. The patient constantly assumed the position of dorsal decubitus, any motion causing severe pain. He says that he could not have bed clothes touched without causing severe pain; even if his wife would open the door it would cause him to yell out. Limb had remained in extension for eleven days without being moved. He had had no sleep nor food. His bowels were constipated and his urine highly colored, though negative, excepting

an increase of normal salts. Pulse 94, temperature 98. Heart and lungs negative. The muscles of affected limb seemed somewhat atrophied and flabby, compared with the opposite.

The treatment given to this patient was the same as that which was given in Case I, and the result seemed marvelous in its immediate relief. He had had no sleep for four nights and before that time only under morphine, the effect of which was so disagreeable as to force him to give up his doctor, who insisted on giving hypodermics of morphine. He was in an extremely excitable condition. He was sick and still full of medicine. I saw him first at about eight o'clock in the evening and at ten o'clock he was asleep. The next morning when I called again he declared that he was quite well—that a miracle had been performed.

He had general massage and electricity for two weeks and has been quite well, with the exception of occasionally feeling a burning sensation of the outer surface of right leg, which I take to indicate some slight remaining irritation of the sciatic nerve.

In conclusion: The work is simply empirical. I cannot deduce the scientific principles which must have existed somewhat in the conglomeration of wisdom and ignorance. I do not know the etiology of either case; as to the relationship of traumatism in the first or of cold in the second; and if traumatism in the first case, how the great sciatic nerve was secondarily involved. Again, if sciatica is an interstitial neuritis, I cannot explain the rationale of nerve stretching.

As to the mode of treatment, I offer nothing new excepting the application of nerve-stretching without anæsthesia and the maintenance of slight stretching or compression for considerable time. Nor do I know whether my work broke up adhesions, or, as most authorities believe, relieved simply by diminishing the sensory conductivity of the nerve.

M. Nicaise says that under anæsthesia, which is quite necessary, the sciatic can be stretched (in the method which I have given) as much as a man could produce by drawing with all his strength upon the nerve.

It is done by the nerves being drawn tightly over the surface of the neck of the femur, the limb flexed as described.

He further says that to accomplish this

it necessitates such a great flexibility of the coxo-femoral articulation that it is not always applicable.

It may be, then, that I did not accomplish nerve elongation at all, but sufficient compression to accomplish what Negro did by his method, which I did not know of at the time that I treated my first case.

Negro reported 113 cases of rebellious sciatica treated by compression, all of which ended in recovery. The procedure is as follows: The patient lies on his face, with his legs extended and resting easily one against the other. The most painful spot is selected, the region where the nerve proceeds from the large sciatic opening. On its trunk both thumbs are applied, and it is compressed with the greatest possible force; at the same time slight lateral movements are made without changing the point of pressure or moderating its intensity. This takes from 15 to 20 seconds, and is followed by an interval of 20 minutes' rest, when the procedure is repeated.

After a second application, which is much less painful than the first, the patient is able to walk, and for several hours, or even a day, he may be free from pain. In order to obtain complete recovery, says the author, this procedure should be practiced about six times a day every two days, until the definite suppression of the neuralgia is obtained. Gould-Year Book Med. & Surg., 1897.

Finally, I desire to say that I feel enthusiastic over the treatment which gave such prompt and lasting relief to my patients. One cannot easily forget the expressions of gratitude from two such sufferers, and as a consequence I have thought much of the treatment which they received, and would certainly urge its trial in the event of failure of medicinal, Weir Mitchell and other milder treatments.

Sir William Gowers, who recently received a banquet from his fellows in the medical profession in London, is the founder and president of a body known as the medical phonographers. Sir William has been a great advocate of the use of shorthand by medical men and is said to have phonographic notes of upward of 30,000 cases.

A Winter Remedy.—That Codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung and throat affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract.

The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the coal-tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice, and is now generally accepted as the safest and surest of the coal-tar products. Five-grain "Antikamnia and Codeine Tablets," each containing $4\frac{1}{2}$ grains antikamnia, $\frac{1}{2}$ grain sulph. codeine, afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

Wabash Chair Cars to Stay.—When the Wabash company opened their new Chicago-Buffalo line, they took the position that they could not afford to discriminate between their eastern and western lines in the matter of free reclining chair cars, and at once began running these cars on the new line between Chicago and Buffalo and New York. There was a vigorous protest from the eastern competitors of the Wabash against this innovation, but the Wabash officials continued running the cars. Then certain of the eastern lines took the matter up with the Joint Traffic Association with the view of compelling the Wabash to withdraw the through chair car service.

The board of managers have just announced that they have stricken the subject from the docket, thus practically deciding that the Wabash has the right to operate these cars on all portions of its lines.

ABSTRACT.

The Law Requiring Physicians' Death-Certificates.—The arrest of two prominent physicians of Cleveland for failure to report deaths to the health office was in pursuance of the course determined upon and announced by the health officer, in order to secure better compliance with the law on the part of the medical men. The two victims were unfortunately prominent enough to be made the scapegoats for others who were equally guilty with, or even more guilty than those arrested. While counseling compliance with the law as it stands, in spite of its faults, so long as it is the law, we believe that the main trouble lies further back than the action of individual physicians. We believe that there have not been malicious violations of the law, but that duties which should never have been imposed upon the physician have been overlooked and neglected.

While there is no good reason why the physician, at the death of a patient, should not certify regarding his opinion as to the cause of death, it does not seem proper to make him the one mainly responsible for reporting the death to the health authorities. This should be made the duty of the responsible head of the household in which the death occurred, or his representative. Enforcement of the law should be secured by prohibiting the carrying through the streets, burial, or any other disposal of a dead body, without a permit issued from the health office, or by the police department acting in conjunction with the health department. Such a permit should be issued only on receiving a certificate as to the cause or circumstances of death, signed by a legally registered physician of the county, or by the coroner. That is to say, in order to detect as far as possible the commission of any crime in connection with a death, and to have complete records, every case in which a satisfactory physician's certificate is not presented should be investigated by the coroner, as well as those cases in which there is special reason for suspecting crime or for placing responsibility. This view of the coroner's function does not contemplate the wide range of police duties and extensive investigation which seem now to be considered within the province of the coroner, but only the investigation of the medical and surgical aspects of the case, which would seem to

be the only class of duties appropriate to the office so long as it is considered an office to be filled exclusively from the medical profession.

Under the present registration law, the medical profession of the community, a body of legally qualified and registered physicians, has a recognized legal status such as it has not had at any time before, and it should be required to assume a due responsibility. Such responsibility should be, however, in relation to the medical matters of the community, and should not require of them ordinary police duties further than are expected of all other citizens. The duty of reporting the occurrence of a death is not the duty of the physician as such. The duty of testifying as to the cause of death is, however, peculiarly within the province of the physician, and the physician should be held responsible for his statements in the certificate signed by him, and the signature should be witnessed by a responsible person, to assure the authenticity of the certificate when presented to the proper officials, and to prevent such prostitution of the law as has at times occurred, when the physician's name has been appended to a statement which was not in any way authorized by him.—F. K. S. in *Med. Gazette*.

Public Money and the Drug Business.—Dr. B. T. Whitmore, of New York, treats of this subject in an article too long for us to publish entire. He quotes from this journal, from several of the New York newspapers, and from the December number of the *Bulletin of Pharmacy*. The *Bulletin's* article, signed "J. H.," is as follows:

"The *Bulletin* is hunting for a curiosity. It is trying to find one solitary ground, with a faint fringe of cogency or validity, on which may be justified the action of the city of New York in entering upon the manufacture of medicine. Can anybody give us a single adequate reason for the production of antitoxin by the New York Board of Health?

"The infectious character of diphtheria? Its great mortality? The necessity of promptly suppressing it in the interest of the public health? Diphtheria is indeed a terrible malady, but so is malaria, and quinine bears to malaria much the same relation that antitoxin bears to diphtheria. Yet what state or municipality has found

it necessary to manufacture quinine? Supplies are very properly purchased from private producers, on the grounds of economy, quality, convenience, and the impropriety of a governmental invasion into the domain of individual enterprise. The bitter experience of ages has taught the world that when government undertakes to serve the public with commodities, the fate of the public in almost every instance 'is merely to have the dearest and the worst of everything.'

"The argument of quality or accessibility no one will have the temerity to bring forward, for *excellent serum in practically unlimited quantity* is offered on the market by both foreign and American producers of repute.

"On the score of economy the less said the better. All we ask is a challenge, as provocation to show conclusively that the antitoxin furnished the people of New York City could be purchased at from one-half to one-third its cost to the municipality.

"What, then, is the motive which provokes municipal competition with private enterprise? We can only respond with a shrug of the editorial shoulders. We give it up. Ask the Sphinx or our friend Œdipus.

"See the injustice of the whole business. The New York Board of Health receives annually a specific municipal subsidy of thirty thousand dollars for the production of antitoxin. It produces enough serum to supply the needs of all the indigent sick. So far so good. But having equipped itself on a scale which yields a considerable surplus, it sells this surplus among the physicians and druggists of New York City, of New York State, and of the United States. The surplus costs it nothing, since its appropriation covers the expense, and with its subsidized product it thus wages lively competition on private and legitimate producers.

"It is outrageously unfair. The city of New York has no better right to enter into the serum business than it would have to manufacture drugs and chemicals, or pure foods, or sanitary underwear, or unadulterated beer, or to start a farm or an 'aseptic barber shop.' All these things come within the sphere of private enterprise, and private enterprise must be notoriously inadequate before any branch of the government is justified in assuming functions grotesquely foreign to its real purpose,

which is simply the defense of property and the promotion of justice.

"If the state desires to furnish to the poor without charge sterilized milk or pure medicine, we have not a word of protest. But to do this it is not necessary to embark in business, nor to enter into unfair competition with private manufacturers by selling at a low price a subsidized product.

"In this argument we have no concern with the philosophy and scope of governmental powers, with the merits of state socialism, or with Herbert Spencer's famous arguments against state interference with private initiative under *any* circumstances. We simply hold—and we know that the common sense of the great majority of our fellow Americans will assent to the moderate proposition—that when brisk competition, fair prices, and good qualities prevail in any branch of industry, there is an overwhelming presumption against official intervention, on the double score of justice and policy. In the present case the injustice seems peculiarly grievous, since it discourages a high form of industry which employs a considerable corps of accomplished scientific men and educated assistants."

Dr. Whitmore goes on to say: "The city of New York is engaged in the drug business at the expense—and it is a heavy expense, too—of the people, and in defiance of the principle and fact that it is no part of the business of government to engage in or be identified in any way with artistic, commercial, or industrial pursuits. Attention has been called several times to this petty and pitiable attempt to fasten paternalism upon the administration of municipal affairs. But never yet have I seen the point made that New York City's identification with the drug business—in manufacturing and selling antitoxin—is maintained at a cost which is an absolute and foolish waste of public money. This is the truth, however, and it will take but a few moments and a few figures to estimate it.

"Before doing so, it may not be amiss to remind the reader that in certain lines of industry wherein the state was competing with ordinary labor, such as in harness-making, the production of clothing, shoemaking, etc., there is no longer any competition of this kind from governmental sources. The earnest and vigorous protest of the people compelled the legislators to pass measures suspending all convict work

which would bring prison labor into competitive opposition to the efforts of trades or individuals, and now the penitentiaries no longer turn out manufactured material which, by reason of the manner in which it was produced, undersold the goods of honest producers. There was always some justification for the employment of convicts at the trades and the disposal of their product to the readiest purchaser. The revenue thus obtained helped to sustain the penitentiaries and to pay the convict's way, partially at least, as he went. Prison labor and prison competition might have continued had not their effect been felt by the law-abiders in the trades. Attention once directed to it, the injustice of the system was at once apparent, and it did not take long to abolish it in New York State.

"Now, as has been said before, there was more reason for the existence of prison competition with labor than there is for municipal competition in the manufacture and sale of drugs. The former was not carried on at the expense of the taxpayer, except in the shape of competition with a portion of the community, and it was not entirely a profitless burden to the state, because, as we all know, it helped to make the convict self-sustaining. It was not morally or in any other way right that the government should be in such business, however, and it required only the exposure of the wrong to have it soon remedied. If the government could manufacture harnesses or clothing, it could with equal propriety and justice make our furniture, bake our bread, shoe us, feed us, and serve us with drinks; in fact, there is no branch of business or industry in which it could not engage.

"It is a good thing for the taxpayer and the consumer that the government does not go extensively into business, for it is notorious that governments are profligate of expenditure and that they do not exercise the discretion and economy in the managing of their affairs which individuals or firms or corporations do. There is no better or more positive instance of this than is furnished in the case of New York City and its manufacture of therapeutic agents."

Dr. Whitmore then gives extracts from a paper read at the British Medical Association meeting in Montreal by Dr. Biggs, of the board of health, including the following: "In October, 1894, investigations in

connection with the production of diphtheria antitoxin were begun, and in December of that year the municipal authorities made a special annual appropriation (antitoxin fund) of 30,500 for the prosecution of this work. The health department commenced the use of antitoxin produced in its own laboratories on January 1, 1895. The plan, as now developed, includes:

"1. The furnishing of free diphtheria antitoxin to all public institutions in New York City.

"2. The furnishing of free diphtheria antitoxin to private physicians for use among persons too poor to pay for the remedy, the only condition being that reports of the case treated be forwarded to the health department on their completion.

"3. The free administration of diphtheria antitoxin on the request of the attending physician to any resident of New York City by a specially detailed staff of medical inspectors.

"The sale of the surplus product of diphtheria antitoxin was authorized by a special act of the New York Legislature in 1895, and the funds thus derived, according to the provisions of this act, are devoted solely to 'the production and use of diphtheria antitoxin or other antitoxins.' The remedy is on sale in over one hundred pharmacies in the city to which it is consigned, the price being fixed by the health department in all cases, and ten per cent on the sales is allowed to the pharmacies as commissions."

"From this," says Dr. Whitmore, "it would appear that the only expense of the antitoxin business carried on by the city under Dr. Biggs's direction is \$30,000, but this is not so. The cost of the anti-diphtheritic serum thus manufactured is about \$60,000. The antitoxin fund furnishes half of this, and the other \$30,000 is taken out of other funds within reach of the health department.

"Now, then, setting aside the moral and political aspects of the case, let us look at the result from a purely business point of view. Dr. Biggs's paper, already quoted, gives us the result of the expenditure of this \$60,000. It says: 'During the year 1896 25,049 cultures were examined for diphtheria bacilli; 1,856 specimens from cases of suspected tuberculosis were examined for tubercle bacilli; 16,796 phials of diphtheria antitoxin were issued; 918 cases of diph-

theria were treated in their homes by the medical attaches of the laboratory, and 1,214 persons were immunized.'

"The quantity of antitoxin here manufactured and issued by the city at a cost of \$60,000, and at the expense, too, of legitimate trade in this line, does not begin to justify the expenditure. Ask anybody capable of giving an opinion in the matter what it would cost to manufacture this quantity of antitoxin under other than municipal auspices, and he will tell you it can be done easily for \$10,000. This is an incontrovertible business statement, and the board of health will not have to look far for confirmation of it. If the city is paying \$60,000 every year for \$10,000 worth of antitoxin, it can be seen that the taxpayer has to pay pretty dear for his therapeutic whistle (and not only that, the consumer who gets it from his physician or druggist is going down deeper into his pocket than the actual money value of his purchase warrants). So it will be seen that it is not only in the choking off and killing of healthy competition in this line that the board of health's engaging in the antitoxin business works injury, but it costs the taxpayer ten times what it is actually worth and costs the purchaser in the same exorbitant and disastrous proportion.

"Is there any reason in the world why, with these overwhelming facts against it, the city of New York should continue in the manufacture of antitoxin? None. A state law provides for the inspection of all anti-diphtheritic serum by a board of examiners before its exposure for sale. It cannot be urged, therefore, that the city is in the business for the protection of the public, for the board of examiners would offer that protection amply. It has not, therefore, a leg of any kind to stand upon. There is not a single argument that can be advanced in favor of the city's persistence in the manufacture of serum at an expense six times greater than other manufacturers would incur in doing the same work, and the sooner it abandons the business to honest competition and the legitimate supplies of therapeutic remedies the better it will be for all concerned."—*New York Medical Journal*.

READ OUR BOOK TABLE,

We would call especial attention of our readers to this column of the Clinic. As has been stated before, we do not reserve this space simply as an advertising medium for the book publisher, but we do attempt to give here a concise, liberal and yet critical review of the works which come under our notice, and try to make it in every way a reliable guide for the prospective buyer.

It will be recalled that during the past year we have reviewed such works as Anderson's "Practice of Medicine," Penrose's "Diseases of Women," Senn's "Genito-Urinary Tuberculosis," "Anomalies and Curiosities of Medicine," Gould's "American Year-Book of Medicine and Surgery," and many others. These all issue from the well-known and responsible house of W. B. Saunders, Philadelphia. The very fact of their coming from that source is a certain guarantee of their inherent worth.

This same firm, we learn from a circular recently sent out, will, during the next month or two, issue several very important works, among which we note, with especial interest, is an English edition of the famous "Lehmann's Hand Atlases," each volume to contain from 50 to 100 colored plates. They will be on "Medicine," "Legal Medicine," "Operative Surgery," "Laryngology," "Venereal Eye Diseases," etc., etc. There will be from seven to ten volumes in all, and we are assured will be sold at a very reasonable price. The Year-Book for 1898 will be ready soon, and, the publishers assure us, will surpass in many features all previous editions of this already justly popular work of Dr. Gould.

"An American Text-Book of Eye, Ear, Nose and Throat," by De Schweinitz and Randall, and also one on "Diseases of the Nose and Throat," by Kyle, of Philadelphia, will be of especial interest and importance to those interested in those specialties. "An American Text-Book of Legal Medicine and Toxicology," by Peterson and Haines, is another one which will be popular with every practitioner, whether general or special.

We shall not hesitate to criticise where it is due, and shall make this column deserving of your careful reading each month.

The Chicago Clinic.

(FORMERLY THE OMAHA CLINIC).

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THE REGULATION OF SEX.

Doubtless the most popular subject in the public mind to-day is whether or not the so-called discovery of Dr. Schenk is a real one, based on tenable and practical grounds. I say popular in the *public mind* advisedly, as it is perhaps a more popular subject of private conversation than in my lady's drawing-room, or at a reception. I, however, was recently much amused at a small reception, by a young married lady, whose interest in the subject was evidently genuine, from the earnestness evidenced in her query: "Doctor, do you really believe there is anything in that Schenk theory?"

I do not apprehend that the discovery and demonstration of the Klebs—Loeffler bacillus and antitoxin, with its saving of hundreds of thousands of the little children, created in the public mind a modicum of the interest which has been aroused by the promulgation of this hobby of the German scientist. This may be attributable to both the manner of its promulgation and, more especially, to the fact that the subject

per se appeals to that particular element in the mental makeup of all civilization which craves and relishes the sensational. It would seem more this than a genuine appreciation of a successful effort to penetrate the unknown and wrench from Nature one of her most profound and important secrets. Then, too, the practical value of such a discovery, even admitting it as fully determined, is indeed very much to be questioned. The very fact that Nature's laws in the determination of sex are always compensatory and equitable, whether in human, beast or plant, and that in general they all act toward the promulgation of the species, tends to rob the "discovery" of very much, if not all, of its practical value, and to throw about the author only the evanescent glamour of notoriety.

True enough, it has been the learning of the laws of and the bridling and harnessing of the forces of Nature that has turned the wheels of progress in developing our civilization, but it has been by accommodating our environment and necessities to those laws and forces rather than by *forcing* Nature a la Schenk, to conform to our convenience.

We cannot here enter into a lengthy discussion of the subject, nor even enumerate the practical questions which may well be asked. Nor, indeed, would such be proper, inasmuch as thus far it is nothing more than a theory; hundreds of which, with far more inherent worth, have passed through their meteoric existence and gone, as this will do, unless medical and other editors give it the benefit of a standing advertisement.

Some writers, in the lay press particularly, have deprecated the fact that should it all prove too true, then this knowledge in

the hands of the public would be calamitous, inasmuch as male babies would predominate in a too large proportion. This, again, is a "hypothetical hypothesis," or a conclusion that the desires of convenience (and even that convenience questionable) would overcome the innate instinct in maternity which longs to propagate her species for pure love of them.

I have a too abiding confidence in the results which Nature has attained by her own, and I imagine still unknown, laws of regulating sex, to think that she will give up her secret to a race who have not mental equilibrium enough to properly employ and utilize to their highest advantage the many other equally important and less subtle endowments with which she has generously blessed them. Until we shall have developed our civilization to that point where such a "discovery" as Schenk's is necessary, or at least desirable, we cannot expect practical results or permanent good to come from exploiting the theory, even though it may appear to be in some measure substantiated by fact; and if it should prove to be true, then Nature's laws are not immutable.

"All life in Nature is perfect; man's life is no exception if he removes self-made limitations," rather than attempt to abrogate or even modify a law as wide as knowledge itself, as old as the story of Eden, and as universal as life. C.

• THE TRANS-MISSISSIPPI EXPOSITION.

The wisdom of the directors of the Trans-Mississippi and International Exposition in the selection of their medical director is evidenced by the way in which Dr. Lee has taken hold of his department. In conjunction with him they have recently sent out

a circular letter to the physicians of the surrounding territory. This is so self-explanatory in its entirety that we give a liberal abstract of it, with the suggestion that you send in your subscription at once and quietly bide your time, until about a month before you are ready to start for the Exposition, then write the generous Lee for a "complimentary." I venture the surmise it will be forthcoming by return mail. The letter referred to is as follows:

"The widespread interest which is everywhere being manifested concerning the success of our Exposition is very encouraging to the directors. Every professional and business interest of the state is making it a local and common cause for the good of the state. There can be no doubt as to the benefits to be derived from the holding of the Exposition to every citizen of our commonwealth. We have reason to believe that every exhibition made on the grounds will prove of great importance to each and every interest represented there.

"You are aware that there is to be, in connection with the Exposition, an Emergency Hospital established on the grounds for the care of the sick or those who may become injured. It is of great importance to the medical profession that this part of the Exposition be made a feature and a success such as obtained at the World's Fair and at Nashville. This will not only prove of benefit to our profession, but be instructive to the public at large. The Emergency Hospital will be headquarters for visiting physicians and it will also serve as a bureau of general information for physicians and their friends.

"The physicians of Omaha and vicinity have manifested their interest in this feature in a substantial way by subscribing liberally.

I would therefore respectfully ask you to assist in this cause by subscribing for one share of stock, which is placed at \$10 per share. In return you will receive a beautifully engraved certificate and the pleasure of having aided a great cause.

"In remitting for shares of stock, please send draft or P. O. order to John A. Wakefield, secretary Trans-Mississippi and International Exposition, Omaha, Neb., and state that remittance is made in response to this notice in the Clinic."

CITY SANITATION AND ITS RESULTS.

A recent report of Health Commissioner Reynolds is surely sufficient grounds for congratulation to the profession and the people as well. While it is true that this city has been spared the woes of a pestilence or contagious epidemic, yet the constant decrease in the death rate from preventable diseases has been so marked that one cannot mistake the purport of the figures or the deductions of the fact.

These show that the deaths of infants and young children were fewer by over 12 per cent than during the previous year. This, too, in face of the fact that the temperature for the months of July and September averaged 4 degrees higher than normal. Such results, the reporter argues, and we think legitimately, can only be attributable to improved sanitary conditions.

The death rate in the case of diphtheria is itself an interesting study, as well as an unanswerable argument for the use of a standard and reliable brand of antitoxin. Referring to this, Dr. Reynolds says:

"Fewer deaths from diphtheria, 701 all told, have occurred during the year than in any other since 1884, when the population of the city was at least a million less than now. Antitoxin in the treatment of diphtheria is probably used more freely and more intelligently—certainly more successfully—by Chicago physicians than by any similar body of the medical profession elsewhere in the world. To their general, prompt and scientific employment of a remedy, which may justly be styled a specific in true diphtheria, is to be ascribed the wonderful reduction in diphtheria mortality from an average of 35 per cent prior to its introduction to 6.5 per cent in nearly 4,000 cases coming under the direct observation of the department."

The improvement in the water supply has decreased the deaths from typhoid and other impure-water diseases to a marked degree. Notwithstanding the increase in population, the deaths from these conditions were fewer in 1897 by one-third than in 1896, and less than any year since the epidemic of 1889. So much for a medical man instead of a politician in the office of Commissioner of Health.

C.



OUR BOOK TABLE.

Surgical Diagnosis and Treatment.

—By J. W. McDonald, M. D., of Minneapolis, Minn., Professor of Surgery in Hamline University, Medical Department, In one handsome octavo volume of 800 pages, containing illustrations and colored plates.

The author announces his work as a clinical text-book, and dedicates it to Joseph Bell, the eminent operator and teacher.

We take more than ordinary interest and pleasure in reviewing this book, if for no other reason than the fact that it is the production of a western man, with western brain and western snap.

It is the evident intent and constant effort of the author, from start to finish, to produce something of practical value. He has left out the underlying principles which are presumed to govern the art and practice of surgery. Consistently, too, with such declaration he omits any extended notice of the bacteriology or surgical pathology of the conditions discussed. He has attempted, and we think very successfully, to present the most important and practical points in the ordinary surgical operations which are most frequently met with, thus making his work not only a most practical one to the busy practitioner, but a valuable addition to the library of any surgeon. The systematic and comprehensive style of the author, and the fact that this same exactness is maintained in his descriptive diagnosis adds very much to the value of the work.

He has left the surgery of the eye, ear and skin as being so thoroughly taken care of by the specialists in those lines that there is no call for his discussing them. We feel that the author would have still further improved his work by a similar omission of his discussion on the nose and throat. This chapter is the only one which we feel disposed to criticise in any way. It is to be regretted that a book of this size, so thoroughly up to date and reliable in every way, should contain a chapter somewhat open to criticism.

The chapter on "The Vascular System" is especially valuable in both the diagnostic and operative information it contains. Nor is that chapter on "Diseases of the Joints" any less important. In the discussion of "Head Injuries, Localization," etc., the

author shows, perhaps, more than elsewhere, the bent of his inclination, as well as the reserve force and ability of the teacher.

Chapter XVI is devoted to a discussion of the subject of "Surgical Gynæcology." Of course such can only be touched upon in the limits which are necessarily placed upon the author from a general surgery standpoint. The author's persistent systematizing has here stood him in good stead, and he has included an immense amount of valuable information in the ninety pages devoted to this chapter.

The volume closes with a chapter on that latest and very valuable addition to surgical diagnosis—the X-Ray. In this only what has become established as reliable fact, and not what has been but predicted or attempted, is given.

The volume is issued from the press of W. B. Saunders, 925 Walnut street, Philadelphia, which is a quite sufficient guarantee of its worth from a typographical standpoint; and, indeed, it does not detract from the author's honor in the least to say that the fact that it is issued by the Saunders press is in a large measure a guarantee of the inherent worth of the book as an authority. Price, cloth, \$5.00; half morocco, \$6.00, net.

A Manual of Orthopedic Surgery.

By James E. Moore, M. D., Professor of Orthopedics and Adjunct Professor of Clinical Surgery, University of Minnesota, College of Medicine and Surgery. Octavo volume of 356 pages, handsomely illustrated. Cloth, \$2.50 net.

We have here another volume by a western man, and in addition thereto a comparatively young man, which, however, seems to be a case of a very mature head, even if the shoulders be "comparatively young" in years.

We find this a practical work based upon the author's experience, in which special stress is laid upon early diagnosis, and treatment such as can be carried out by the general practitioner. The teachings of the author are in accordance with his belief that true conservatism is to be found in the middle course between the surgeon who operates too frequently and the orthopedist who seldom operates.

Dr. Moore has certainly attained his aim to be practical in his work, and has consequently excluded all of that voluminous matter and illustration with which all are

more or less familiar, indeed, in some cases even too familiar. This the author has cleared away, and presented only that which to him appears as both practical and reliable. The book is written in twenty-four chapters, with introduction and index, among the most interesting and important of which might, without prejudice to the excellence of the other chapters, be mentioned in particular, Chapter V, Pott's Disease; Chapter VIII, Talipes; Chapter XVI, Tubercular Arthritis; Chapter XVII, Hip-Joint Disease; Chapter X, Rachitis; Chapter XXIII, Anchylosis, are each worth the price of the book to one who has a case of any one of these conditions mentioned.

ITEMS.

If the eyes are windows to the soul, the mouth must be the door to the intellect.

If you betray your secret to another you surrender your liberty into his keeping.

Physicians can obtain samples of this celebrated prepared food free, charges prepaid, on application.

A St. Louis man has turned to chalk. This is one way a St. Louisan has of making his mark in the world.

A New York Supreme Court jury recently gave a verdict of \$30,000 against the New York, New Haven & Hartford Railroad Company for having caused the death of a doctor.

Dr. Moyer, the genial editor of *Medicine*, whose unfortunate encounter with foot-pads we referred to last month, has so far recovered as to again attend his office and college duties.

A medical journal advocates the use of hot sandbags instead of hot water bags in the sickroom. As considerable invalidism is caused by the use of cold sandbags there is an element of poetic justice in the proposition.

At the inaugural meeting of the Roentgen Society, which took place recently in London, England, among other exhibits was a life-sized skiagram of the entire skeleton of a living woman, taken by Dr. W. J. Morton of New York.

"Robinson's Lime Juice and Pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page —, this issue). See remarks on their Arom. Fluid Pepsin also.

M. Vallery Radot, the son-in-law of the eminent Pasteur, is about to assay the task of writing a biography of his wife's father. Let us hope that the man has the ability to properly justify the eminence of his, worthy subject. If well written, the book will certainly be a popular one.

The Battle Creek Sanitarium has secured control of the old building of the Home for the Friendless, on Wabash avenue, Chicago, and has established therein a training school for medical missionary nurses. Its purpose and aims are certainly noble and grand enough to deserve success.

It is sometimes surprising how so many good hospitals are supported in Chicago. The latest important change is that of the Alexian Brothers, which was opened with a reception last month. They have now one of the most admirably equipped and finely furnished hospitals in the city.

The Paris Medical Society, after a prolonged and somewhat acrimonious discussion of the subject, has arrived at the conclusion that cycling for healthy people and those suffering from nervous troubles is to be advised, but in the case of other invalids it is very often a source of the greatest danger.

The losses of life by epidemics and famine reported throughout the world in 1897 have aggregated 222,902. Of these it is estimated that 40,000 succumbed to the plague in India and 150,000 from famine, the result of Weyler's concentration policy in Cuba. Some of the estimates of American Consuls in Cuba place the loss of life from starvation in the island at a still higher figure.

The Italian Society of Internal Medicine, recently in session in Naples, sent a letter of congratulation to Dr. Sanarelli, "who, in distant lands, while in peril of his life, made such memorable discoveries concerning the etiology of yellow fever, thereby winning for himself imperishable honor and giving to his native land a cause for legitimate pride."—*Recorder*.

A Dutch physician, Junius, tells of a nobleman of high rank who, being condemned to be beheaded, grew gray in one night. The same thing happened to the Seigneur de St. Vallier, father of Diana of Poitiers, while Guarini, professor of Greek at Verona, grew gray all at once on learning of the loss at sea of a chest of manuscripts that was coming from Constantinople.

December 6, 1897.

John Carle & Sons, New York City.

Gentlemen:—You can be assured that I will prescribe the Imperial Granum whenever there is an indication for a prepared food, because I had sufficient confidence in it to give it to my own child, and it agreed with him perfectly, and he has increased in size and weight to an astonishing degree.

—, M.D.

The *Laryngoscope*, one of the most prominent and, at the same time, youngest of American journals of specialties, have announced that January 1, 1898, they will, in connection with John Wright & Co. of Bristol, England, begin the issuance of an European edition simultaneously with that from St. Louis. This is certainly gratifying and complimentary as well to the editors of this journal. We hope the experiment may exceed their most sanguine anticipations to even a greater extent than has the success which has attended them thus far.

Hospital Life is the name of a new medical publication recently launched upon the troublous sea of journalism in Chicago. We welcome this last confrere because we believe there is in this field an opening not covered by any other publication. True enough, there are a number of other publications which represent hospitals, but they do so only as an advertising medium, and as such cannot be presumed to take the place which *Hospital Life* proposes to occupy. The editorial management is under the charge of Mr. H. G. Cutler, a man capable and energetic enough to make the undertaking successful.

In Konigsberg, in Prussia, an alarming epidemic has broken out among the school children, in the form of an infectious inflammation of the eyes, known in the fatherland as granulose. Of the 15,000 children who attend school in the town itself no fewer than one-third are suffering from this painful disease, while in the country round

about Konigsberg 25 per cent of the younger generation have been struck by the contagion. Specialists have now been consulted on the subject with a view to stopping the spread of the epidemic, which, it is averred, has been brought into Germany by the working classes of Poland.

Dr. Zaccharin, the famous physician of Czar Alexander III., died in Moscow, January 5th. Dr. Zaccharin was a justly celebrated physician, but he will be especially remembered because of the violent quarrel in which he and Professor Leyden of Berlin indulged concerning the diagnosis of the malady which carried off the Czar November 1, 1894. He is said to have much resented the "foreign interference" from Berlin, and at the time was accused of negligence and lack of skill, and was the object of several hostile demonstrations on the part of the populace and of the students of Moscow when the death of the Czar was announced.—*Phil. Med. Jour.*

A newcomer among medical men is the *Philadelphia Medical Journal*. It is to be a weekly publication, after the style of the *Medical Record and Journal of the American Medical Association*, containing about forty to forty-five pages of reading matter of a more than ordinary quality. The enterprise is backed financially by Philadelphia physicians, while editorially it will be engineered by the fluent pen of the versatile Dr. George M. Gould. If a combination of money and brains portends success, then it is already assured to this venture. There is one suggestion which we venture, however, to the business management, that is, that a better quality of paper be used. Indeed, if one cares to preserve the files by binding, such a modification is almost imperative.

It is, we are well aware, always much easier to criticise than to do better yourself; but an instance comes to our attention on this occasion which cannot be overlooked without a suggestion from our self-appointed critic. We believe that it would have been better for the "local form" in last *P. & S. Plexus* to have been "pied" in making up, and that at the same time the fortunate accident of the last copy of the parodical effusion, entitled "A Poem," should have been consumed by a very hot fire.

Let us suggest that nothing is ever lost by a manly, dignified, noble and clean gentility, nor is anything to be gained by cater-

ing to the appetites of the very few whose inclinations are low and degrading. It does not comport with the reputation for honor and dignity which belongs to both the school and the profession in general for such "a poem" to appear in the columns of the *Plexus*. Unfortunately the reflection does not rest on the author only in this instance.

Rush Medical College, according to the statement of President William R. Harper of the University of Chicago, at the January convocation, has sought affiliation with this institution, and the same has been arranged to go into effect June 1st. Rush will retain its autonomy, its policy only being directed by the University. It is required to change its board of directors to one made up of business men rather than physicians, who are at the same time stockholders and members of the faculty, to pay off its debt of \$71,000, and after 1902 to admit to its classes only those who have completed the sophomore grade in colleges of arts. It is stated that this affiliation does not imply organic union and that the University still requires an endowment of one or two millions to establish a great medical school which shall be devoted to special research and with which Rush Medical College would work in closest coöperation.—*Recorder*.

London may feel left in the cold, but the medical world of the United Kingdom has noted with pleasure that in the New Year's Honors the Queen has not forgotten the medical profession, while Scotchmen have been gratified to see that the three professional leaders chosen for distinction all hail from North Britain. They are Dr. John Struthers, late president of the Royal College of Surgeons of Edinburgh, a voluminous and learned author on anatomic subjects; Dr. John Batty Tuke, president of the Royal College of Physicians of Edinburgh, a recognized authority upon the treatment of the insane

and allied psychologic topics; and Dr. William T. Gairdner, professor of medicine in the University of Glasgow. The former two are to be knighted, but Professor Gairdner, probably in view of the fact that he is Senior Physician in Ordinary to the Queen in Scotland, will receive the higher honor of Knight Commander of the Bath, or K.C.B.. It is fair that the Scotchmen should receive this distinction this year, for the New Year's Honors of last year were given to Englishmen, while the Jubilee medical titles were awarded to Irishmen.—*Phil. Med. Jour.*

As announced in an editorial in last month's issue, there was held at the Auditorium on January 11th a meeting of medical examiners for life insurance for the purpose of forming an organization.

After dinner Dr. Quine, as chairman, introduced Dr. Lyman, who spoke briefly on the subject in a general way. Dr. Danforth then gave a very interesting and practical talk in a reminiscent way, relating the trials and some amusing incidents of the work as it was thirty or more years ago, closing with some very practical suggestions concerning the relations of company and examiner at the present time.

Dr. Wesener then gave a most excellent resumé of the results of the examination of several thousand specimens of urine. He was followed by Dr. W. A. Evans, who gave an equally good paper on the kidney lesions, and discussed the diagnosis of those pathological conditions, illustrating his talk with some finely mounted pathological specimens. We are pleased to announce that these two papers will appear in our next issue.

The subject was then discussed by several present, in its various bearings, and the enthusiasm generated assured the promoters of the organization a goodly measure of success.

After the appointment of temporary officers and the committee on organization the meeting adjourned to meet in two weeks.



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GEORGE F. HAWLEY, M. D.

THE CHICAGO CLINIC

VOL. XI—No. 2.

ELEVENTH YEAR.

FEBRUARY, 1898.

The Effect of Noises Upon Certain Forms of Deafness.

By GEORGE F. HAWLEY, M. D., Chicago, Prof. of Diseases of the Nose, Throat and Ear, in Chicago Clinical School.

More than two hundred years ago Dr. Thomas Willis, of Amsterdam, described a certain form of deafness in which hearing was improved by noise, enabling persons to distinguish tones and sentences which at other times would be unheard. This symptom, bearing the name of *Paracussis Willisiana*, has been accepted by most aurists, but no satisfactory explanation as to its cause has been advanced.

While Politzer, von Troeltsch and others consider that it depends upon some change in the position of the ossicles or *membrana tympani*, many, like Krama, take a different view and believe that it is due to a stimulating of the auditory nerve, thus forcing it to a more healthy action. Experience favors the theory that the middle-ear is the seat of this symptom; that some change is brought about by the constant noise which restores the hearing for the time being. What this change is, is still open to discussion. It may be of interest to relate the following case which came under my observation while house surgeon at the Golden Square Hospital, London. Mrs. H., aged thirty, had for the preceding five years suffered with marked deafness in both ears. Common conversation was heard with difficulty, except when any loud noise was present. At that time the hearing apparently was greatly improved. A watch could be heard on the left side only upon contact, and on the right at a distance of about two inches. The tuning-fork showed no trouble of the acoustic nerve, but clearly indicated some disturbance in the middle ear. The drum-head was normal as to tension, color, etc., while perfect mobility existed in the malleo-incudal joint. Nothing indicated ankylosis of any of the ossicles. The appearance of the throat was healthy, and the eustachian tubes were both patent. This is a

good example of this form of deafness in which the symptom of hearing better in a noise manifests itself.

Roosa, however, mentions two cases where the drumhead was more or less destroyed and still noises improved the hearing. The ossicles in both ears were intact. Politzer, in his work on aural surgery, states that this improvement is seen only in middle-ear affections of an adhesive or sclerotic character; and regards it as a most unfavorable symptom for satisfactory prognosis. Roosa, on the contrary, states that it is found in many forms of ear affections, and does not necessarily forbid one from expecting favorable results from treatment. In his article on "The Effects of Noises upon Diseased and Healthy Ears," he says: "I have known two cases where this symptom occurred in patients who regained their hearing perfectly. While the symptom frequently accompanies incurable diseases of the middle-ear, I believe it is a very frequent symptom in sub-acute cases where both ears are affected. Of course, it would not be observed in disease of one ear only."

Whatever may be the cause of this symptom, we are justified, I think, in believing that certain pathological changes are then present in the middle-ear which will be found at no other time. If this be true, in what does the change consist?

Willis considered the change brought about by the action of strong wave tones upon a relaxed *membrana tympani* to be the cause of this symptom. As long as the drumhead is in a relaxed condition it refuses to respond fully to wave impressions. It is no longer a perfect sound conductor, until its tension is restored. Noises, by forcing air against the membrane, press it inward, restore its tension, and the hearing is improved until the pressure is removed, when deafness returns as bad as ever. If this improvement was found only in such cases as he describes, we might accept his theory as correct; but, unfortunately, as I have already stated, it is present with no change whatsoever in the drumhead. Therefore, in such cases at least, this im-

provement in hearing is due to some other cause. We have in the middle-ear two other elastic membranes, one of which takes as important part in conveying wave impressions as the membrana tympani. Any change by disease or injury would be fully as disastrous to normal hearing. I refer now to the membrane of the foramen ovale.

When we consider the extraordinary fine shades of vibrations transmitted by this membrane to the fluids of the labyrinth, are we not justified in expecting that any loss of accuracy and precision on the part of the transmitting apparatus at this point, will cause a corresponding loss of hearing power? According to Riemann the excursions of the stapes in the fainter tones are so small as to escape detection, even with the highest power of the microscope. Therefore, a corresponding sensitiveness on the part of the membrane must necessarily be present, in order to appreciate and transmit these vibrations. Thus, we see that any change at the oval window, which tends to hinder the passage of vibrations to the fluids in the inner ear, must cause diminution in hearing. If, then, the membrane from any cause becomes relaxed, and loses the power of responding to vibrations, it acts no longer as a sound conductor, but as a damper to any wave impressions.

This is demonstrated in the case of relaxed drumheads, where inflation improves the hearing. Not only must this elastic plate, so called by Politzer, be capable of responding fully to any wave impulse, but it must also bear a certain relation to the foot of the stapes. I mean by this, that a due amount of pressure must be applied by the stirrup, and a sufficient resistance be offered, in every ear that possesses perfect hearing. If this is lost, deafness is the result. Chronic suppurative inflammation of the middle-ear, with destruction of drumhead, incus and malleus, is a proof of the correctness of this statement.

Hearing is here frequently improved by a false drumhead, which presses the loose stapes against the membrane of the foramen ovale, thereby restoring the relative positions of the parts. In a relaxed membrane, the pressure of the stapes is wanting, due to an absence of resistance in the diseased membrane itself.

Until we find some means of restoring this needed resistance, deafness remains. Thus, through the loss of elasticity in this

membrane, we lose two important factors for perfect hearing. First, this membrane, like the membrana tympani, while relaxed, refuses to act as a conductor of sound by not responding to vibrations given it. And second, the proper relation between it and the stapes is destroyed, the necessary pressure and resistance being absent. We find in the case of an atrophied drumhead that hearing is frequently improved by inflating the middle ear, which restores the tension to this membrane by forcing it outward. One might suppose that such inflation would likewise restore lost hearing, if due to a relaxed membrane at the oval window. Unfortunately the same act which might restore to this membrane its proper tension forces it inward as well, and thus separates the stapes from it.

Though the membrane may be in a proper condition for receiving and transmitting wave sounds, the stapes, from the absence of any pressure applied by it to this membrane, will be unable to perform its duty—there will be more or less obstruction to the passage of sound at this point.

Whatever, then, restores the hearing in these cases must not only renew the tension of the membrane, but maintain as well the relative position of health between it and the stapes.

This, in my opinion, can only be accomplished by some influence brought to bear upon the membrane and stapes from outside the middle-ear.

If now we consider the effect of wave impulses upon the membranes and ossicles, we can, I think, understand how a loud and continuous noise might improve the hearing, where deafness is due to such pathological changes as herein described.

The air, set in motion by this noise, strikes upon and pushes the drumhead and ossicles inward; this crowds the air in the middle ear against the oval window, and the membrane, if relaxed, is made tense by this pressure. At the same time, the relative position between it and the stapes, as to pressure, etc., is also restored, and hearing for the time is therefore improved.

This noise, which would confuse one with normal hearing, is absorbed, so to speak, in removing the cause of deafness.

In case of perforated drumhead the vibrating air acts directly upon the diseased membrane and stapes.

Von Troeltsch mentions a case where a magistrate, so afflicted, improved his hearing by pressing a bit of stick against the drumhead. Allen also, in his work on Aural Surgery, states, while speaking of this symptom, that the hearing power was increased in a patient who presented herself with marked destruction of the drumhead by pressing cotton against the ossicles. Another is also noted where a large perforation existed. Here, before and after healing of the perforation, hearing was improved by pressure.

Though these three cases do not in themselves place this theory beyond dispute, they may still tend materially to make it worthy of consideration.

They may encourage us to further investigations, which, perchance, may result in establishing beyond a doubt the cause of the improvement in hearing, in certain forms of deafness, by noise.

103 State street.

Examination of Urine for Life Insurance.*

By W. A. EVANS, M. D., Chicago. Prof. Pathology, Microscopy and Urinalisis Medical Department University of Illinois.

Of the 23,257 deaths in the city of Chicago during the year 1896, 818 were due to nephritis in some form, or 3.5 per cent. were from this cause. But these figures by no means express the importance of the kidney from a health point of view. These organs contributed perhaps to some extent to almost every case of death, except the 1,358 which were due to violence. They are a determining and very important factor in all processes demanding that excretion be either increased in quantity or changed in quality. So much for their importance to us as physicians.

The kidneys acquire additional interest to you as insurance men because the men who pay for insurance are usually men who live well, and men who are able to live well are prone to arterio sclerotic phenomena, which may be located in any organ. The kidney is frequently the only one of the organs in which you can measure the effects of arterio sclerosis, and it therefore becomes your index to the amount of general arterio sclerosis.

*Read by invitation before the Medical Examiners Association of Chicago.

At Dr. Stowell's suggestion we took the laboratory reports on three thousand urines. There was no effort at culling. They ran through all seasons of the year. The specimen was usually a few hours old when it was examined. In most of them there was something in the condition of the patient that suggested trouble with the kidneys.

The following are some of the percentages bearing on the formed elements found: Thirty per cent. of all the urines contained casts; 13 per cent. contained albumin (this is exclusive of the albumins due to pus and blood); 17 per cent. contained casts without albumin; cylindroids were found in 21 per cent. of all the urines; of the urines with a specific gravity below 1018, 50 per cent. contained albumin and casts, or casts alone; 9 per cent. contained cylindroids alone.

Of the cases in which casts were found, 45 per cent. showed hyaline casts alone; 55 per cent. showed other forms of casts. Granular casts came next in frequency.

Of the cases in which albumin and casts were found together, 29.4 per cent. contained hyaline casts alone; 70.6 per cent. contained other forms of casts either with or without hyaline casts.

It is true, in a general way, that those cases with hyaline casts alone had smaller amounts of albumin present than in the cases showing the other varieties of casts.

In those cases in which casts were present without albumin, 53 per cent. gave hyaline casts alone; 47 per cent. gave all kinds of casts.

Pus was present in 6 per cent of all the urines. The pus meant a cystitis, urethritis, ureteritis or nephritis, or any or all four. Effort was made to exclude the cases in which pus was from vaginitis. Of the pus cases 66.7 per cent. were of acid reaction; 29.9 per cent. were amoniacal, and 2.3 per cent. were neutral. We are not in a position to say how many of the 29.9 per cent. were acid when first voided. We merely quote these figures to refute a belief now nearly abandoned, that is, that the urine in cystitis is alkaline, and in pyelitis it is acid. The urine is pyelitis, cystitis and ureteritis is acid until secondary infection causes the decomposition of urea into amonia, within the bladder, pelvis or dilated ureter.

In 51 per cent. of the pus cases the urine was below 1015 in specific gravity; 73 per

cent. of all the urines give no crystals. Of the 27 per cent. that gave crystals:

Oxalates furnished.....13.5 per cent.
 Urates furnished.....3.6 per cent.
 Uric acid.....6 per cent.
 Triple phosphates.....3 per cent.
 Miscellaneous crystals.....
less than .5 of 1 per cent.

Of the triple phosphate cases it is probable that more than 2 of the 3 per cent. were cases in which the deposit was not taking place inside the bladder. It is significant that oxalates furnished more than twice as many cases as did uric acid.

It is no doubt true that but few of the cases of this 13.5 per cent. of oxalates had a deposit of oxalates in the bladder. The average of our specimens is just about the time in which oxalates are thrown down in the urine.

Another interesting fact is that the cases showing crystals of uric acid and urates did not always show a large amount or a large percentage of uric acid.

I wish now to devote a few moments to kidney pathology, bearing the insurance examiner's standpoint constantly in mind.

As I understand your situation, it is this: Your life expectancies are so arranged as to give the examiner a good deal of leeway. Improved urine methods, the centrifuge particularly, are giving results that under the old classification demanded rejection, yet some of these cases your judgment tells you are safe insurance risks.

Acute Nephritis.—Our experience leads us to believe that acute nephritis after operations and after various injections, such as typhoid, streptococcus, tonsillitis, grippe, scarlet fever, diphtheria, etc., is exceedingly common. We have so frequently encountered it in ordinary malaise or delayed convalescence after these and kindred other infections as to lead us to the above conclusion.

This nephritis is of a mixed exudative and parenchymatous type, and is self-limited. That is to say, the materies morbi is acting for so short a time as that the amount of neither destruction nor production is excessive. These cases do not largely concern the medical examiner, because, firstly, in their acute stages they are not liable to escape him, even should they apply for insurance; secondly, they do not often result in subsequent disease at the insuring age. We will discuss the second proposition:

There is a pathological law that every

violent pathological process either results in rapid death or else it stimulates reactive processes which annul or destroy the primary cause of the process. It is not only the exception, but far more the exception than we think, when these nephrites go on to a chronic disorder, or start a disorder which lies latent for ten years and then is recognized.

As urines are more frequently examined, the number of cases of acute nephritis that are accidentally discovered and that promptly get well increases. The old ideas are founded on the old experience.

This leaves two types of nephritis for the examiner's consideration, processes that, for the want of information, are termed idiopathic:

1st. The kidney of chronic parenchymatous nephritis, with secondary contraction.

2d. The cirrhotic kidney.

The chronic parenchymatous nephritis with secondary contraction. This group (for it has been subdivided according to its stages) is due to the elimination of substances by the kidney destructive to its epithelium. I assume that it will be allowed that if the kidney epithelium excrete a substance it is because that substance either irritates or stimulates that epithelium. I also assume that it will be granted that the kidney epithelium excretes the waste substances of the body because those substances, while generally irritating to nerve and other cells, are especially irritating to kidney cells.

Lack of this irritation means decay from disease. This irritation, physiological as to kind and amount, means work, growth, repair. This irritation exaggerated means breaking down of kidney cells. For a long time the healthy cells replace those destroyed or lost. In this stage you may get casts or even albumin. At length compensation ceases, or is inadequate. Then comes into play, perhaps for the first time, another pathological law. It is, whenever there is a destruction of highly differentiated tissue, there is a new growth of lowly differentiated tissue to replace it. By reason of this these kidneys in time contract in much the same fashion as those of the third class.

The first class gives a urine that follows about this type. The gravity is generally higher than in the second group of chronic nephrites. The percentage of albumin is

higher. The number of casts greater. It is accompanied by exudation into the general tissues, anasarca. The course of the disease is rapid, because it is primarily an affection of kidney epithelium. These people cannot be good insurance risks. They die usually within a few years. They are recognized both by physical signs and by even moderate care in the examination of the urine.

The third type is the one that presents the greatest difficulties. This type of kidney is essentially arterio sclerotic. The irritant affects the connective tissue and especially that of the capillary wall. The epithelium is often well preserved. The connective tissue overgrowth serves to protect the kidney epithelium from poisons. Therefore the epithelium in the connective tissue areas is oftentimes the most normal to be found in the kidney. These people do not die from the interstitial overgrowth. They die from an acute parenchymatous nephritis in the previously healthy parts of the kidney. This acute parenchymatous nephritis may be engendered by toxic agents, such as ether, carbolic acid, iodoform, or it may be due to toxæmia, such as that of typhoid, "colds," etc.

The man with an arterio-sclerotic kidney can live to pay his ten premiums. But he is certainly a man with a lowered capacity for resistance. For the ordinary functions of life he is fully equal to his neighbors. But let him contract pneumonia, or go duck-shooting and "fall-in," thus consuming an infection, and his limited number of epithelial cells, which can easily reach the blood in the capillaries, undergo cloudy swelling from overstimulation. The man dies from insufficient excretion.

I have yet to see a healthy kidney removed from an adult. I mean a kidney in which the microscope revealed no changes. Casts mean degenerating epithelium. Every kidney in which there are casts or albumin is a diseased kidney; but this does not necessarily imply that the organ is now, or ever will become, symptomatic.

What will the examiner do? Shall he abandon the centrifuge and reject all cases showing casts? The centrifuge is not to be rejected any more than any other instrument of precision. As well reject the ophthalmoscope or the microscope. The old significance of casts is to be rejected and a new percentage table arranged.

If in a urine you find albumin and casts

in quantity, have the applicant call again in one month. If originally he had acute nephritis it in all probability will have passed away. If he is free from albumin then, direct him to call again in three months, and if he had acute nephritis at the first examination and he still remains free from indications to this examination, you can in all probability safely accept him now.

If at the second examination the albumin and casts keep up, he probably has chronic parenchymatous nephritis, and will never be a good risk.

If you encounter a man with urine of low specific gravity, the chance of his having nephritis is just fifty per cent. If you find casts or casts and albumin few in number and small in amount, keep him under observation for a few weeks if casts alone are found, or for several months if both casts and albumin are found.

Your experience will show you that some people with casts are good risks, some with casts and albumin are good average risks, some will be hazardous risks, some must be rejected entirely.

Who will bear the expense? The company will bear the initial burden. The man will certainly be anxious to bear the later expense, for, with casts in his urine, he becomes his own solicitor.

Columbus Medical Laboratory.

The Findings in Urinary Examinations.*

By JOHN A. WESENER, M. D., Chicago, Professor of Chemistry in Medical Department University of Illinois.

In this paper I wish to present a few facts regarding the findings in urinary examinations. I shall take up in order Specific Gravity, Urea, Albumin and Sugar.

The standard specific gravity for normal urine is usually given as 1018 to 1030; this, however, is only a rough index, as it may be as low as 1002 or as high as 1035 and still remain a normal urine. Hysterical and nervous individuals excrete a large quantity of urine the specific gravity of which is low. On the other hand, inactive individuals excrete a concentrated urine of high specific gravity. They are usually poor water-drinkers, but hearty eaters. In an examination of 3,000 urines we found that

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74 per cent. had a specific gravity of 1018 or higher; 26 per cent. were below this standard.

Twelve hundred of these contained either albumin, casts, blood, pus or sugar. Out of 901 pathological urines, 68 per cent. gave a specific gravity of 1018 or more, with 32 per cent. below that.

Taking all of the urines as they come to the laboratory, we find a normal specific gravity in about 75 per cent. of them. Forty per cent. of all urines with a specific gravity below 1015 were pathological. An exact deduction from these figures cannot be given, inasmuch as the total quantity passed for the twenty-four hours was not always designated. Under the pathological urines we find the specific gravity normal in 68 per cent.; but no practical conclusions can be drawn from this, as a large number of these were from causes of acute nephritis, glycosuria, hæmaturia and pyuria, in which case the specific gravity is usually above 1018.

Urea is one of the end products of nitrogenous metabolism. The normal amount varies between 2 and 3 per cent. during the twenty-four hours. It is formed in the liver from the hemipeptones, and in all cells from the oxidation of protoplasm. Inasmuch as it is very soluble in water, we have the right to assume that if the kidneys are able to excrete water they will then also excrete the urea. According to Bouchard, 6.31 grams of urea are necessary to kill one kilogram of animal. To kill a man, therefore, of 60 kilograms weight, it would require 380 grams of urea at one dose. Or take it this way: A 60-kilogram man excretes 20 grams of urea in twenty-four hours; in order to produce the 380 grams of urea necessary to fatality he would be 19 days making it, without any elimination during all of this time. Urea is nature's diuretic, and to my mind should be used in preference to all others. By some, urea is supposed to be toxic, doubtless associating the term uræmic coma with this harmless compound. Others claim that it is non-toxic, but when greatly diminished should then be taken as an indication of the retention of other toxic products found in the urine.

Why not go a step further and say that the total amount of urine excreted with a normal specific gravity should be taken as the index?

Out of 741 urines which contained no albumin, sugar, casts, etc., 53.3 per cent. contained the normal amount of urea. This goes to show, as I have already stated, that if urea is formed in the body, and the kidneys are able to excrete water, they will also eliminate the urea.

The total amount eliminated varies with the kind of food taken. Nitrogenous food increases it, not alone on account of the proteids injected, but because this increase stimulates cellular activity, and consequently increases oxidation.

On the other hand, carbo-hydrates do not furnish nitrogen to the body, hence oxidation is decreased and the proteid matter is not expended.

Not long ago it was supposed that serum albumin was the only proteid of importance found in the urine. To-day, urine is not only tested for serum albumin, but for globulin, oleoresin and peptones. This certainly makes it somewhat more difficult for the ordinary practitioner to make a correct differentiation.

Of 901 pathological urines, 13.7 per cent. contained albumin and casts, with a specific gravity of 1018 and higher; 8 per cent. with casts and albumin had a specific gravity below 1018; 2 per cent. contained only albumin.

My object in giving these percentages is particularly for the purpose of discussing physiological albuminuria. I make the statement yearly to my class that I believe the number of undiscovered cases of acute nephritis which recover is greater than those diagnosed and treated.

Arnozan stated that certain authors, Senator in particular, admitted that albumin was a normal element of urine, but this opinion is rejected at the present time by the majority of chemists and physicians. Others, such as Capitan, Leube and Stewart, thought that albumin might exist in the urine accidentally and in a transitory manner; that is to say, that there is a physiological albuminuria independent of all diseases. According to Lecorche and Talamon, all albuminuria is pathological. My investigations along this line agree with that of the last two mentioned.

I have had an opportunity of examining a number of cases of transitional albuminuria. In these casts were seldom found; yet I consider these cases as pathological. If we take into consideration the metabolism of the nitrogenous food, several changes in

its molecules must be thoroughly understood.

Hemipeptones are probably absorbed by the liver and there burned up into urea, the antipeptones passing through the intestinal wall and being changed into serum albumin. Egg albumin cannot pass through because it is not dialyzable; furthermore, it is a foreign body to the organism, and as such could not be utilized. Serum albumin, on the other hand, is physiological to all tissues. If it is increased in the blood vessels it must be gotten rid of by being stored up, or else by increased metabolism. It would never be removed by a normal kidney.

Glycosuria.—Out of 3,000 urines, 46 contained sugar. What impressed us most forcibly in these examinations was the great difference between the specific gravity and the urea in most of these specimens; the ratio was 2 to 1, i. e., a specific gravity of 1020, a urea of 1 per cent., many as high as 3 to 1, and a few even 4 to 1. The urea in nearly all of these cases was normal. In one it was as high as 90 grams for the twenty-four hours.

Diabetes mellitus is classified into three varieties: Nervous, hepatic and pancreatic. We also sometimes speak of a physiological glycosuria. I see no reason why this last should not be possible. If the system be suddenly overloaded with sugar, glucose appears in the blood, the glyco-genic function of the pancreas being for the time overtaxed.

A trace of grape sugar is found normally in the blood, but when this is increased it must be called a foreign body, and it must consequently be irritating to the kidney epithelium, and must be removed by those organs.

In condensing these statements it must be admitted that a urine cannot properly be called pathological unless all the facts are thoroughly considered.

The specific gravity and urea cannot be taken as an infallible standard. The presence of albumin, in the absence of casts, does not necessarily mean symptomatic kidney disease.

A few hyaline casts with specific gravity normal does not necessarily mean symptomatic kidney disease.

What may we deduce from these statistics?

1st. Some of the cases would be passed

as normal, though the urine would be minutely pathological.

2d. Two per cent. of these cases would be rejected on the grounds of a trace of albumin being found.

My object in emphasizing these facts is to impress upon you the idea that many an individual with these symptomatic phenomena would make a good life insurance risk.

Columbus Medical Laboratory.

Under the Red Cross.

By E. J. BARRETT, M. D., Chicago.

The Society of the Red Cross was founded in 1864. Its objects are "to care for the wounded in war, secure the neutrality of nurses and hospitals, and to relieve suffering occasioned by pestilence, floods, fire and other casualties."

Its governing principle at all times is Charity. It extends its helping hand to the suffering one, be he rich or poor, great or lowly, white or black.

Its emblem, the red cross, unfortunately could not be made exclusive, and it has been imitated over the civilized globe, consequently the popular belief has arisen that all hospitals, ambulances, nurses and all things pertaining thereto should be absolutely free, and that the charitable wealth of the city pays the bills, and it is only in that bitter school of experience, when they are asked twenty to fifty dollars a week for a room in a so-called "Charity," "Mercy," "Good Samaritan" or "Saint Something" Hospital, that "the veil falls, the girdle's loosed, and the fair illusion vanishes."

Rarely has any profession, art, trade, or what you will, been blessed with such sublime faith by the public as that of the trained nurse. The majority of these people seem to imagine that each one of them have had a sort of divine call; that the dark mantle of Night was drawn aside and magnificent Aurora, in dazzling beauty, stood before them, and while the spectroscopic flashlight alternately played upon her the beautiful violet, indigo, blue, green, yellow, orange, and red, she, with uplifted hand, pointed to the sign of the cross, saying, "In this thou shalt conquer."

Now, just what the red cross has to do with the average Chicago trained nurse 'tis hard to say, for she is simply a practical, common sense girl, who, after a severe hos-

pital training, has stepped forth into the world, ready to make her own bread and butter by what is as hard work as falls to woman's lot, for which she expects and receives fair compensation. Charity and religion have nothing to do with the matter. A patient is simply a patient, regardless of creed or sect, be they Infidel, Jew, Romanist or Protestant.

That the nurse is mortal should ever be borne in mind, and had Coleridge's nurse been given time for air and sleep, he never would have written, "Sweetly sleeps the nurse, hired to watch the sick."

Of all vocations nursing stands pre-eminent in its ability to try at times the patience and stomachs of its devotees.

Oh, could the refined and sensitive girl but foresee one-tenth of the misery and trouble ahead, she would forever forswear the gentle art of nursing.

Of the Christian churches Romanism alone demands the absolute surrender of the nurse to the church, and a release is only granted by the grim reaper who sooner or later releases us all. Food, shelter and clothing are their only reward, save for the satisfaction they may receive from the words, "Inasmuch as ye did it unto the least of these, my brethren, ye did it unto me."

The others receive fifteen to twenty-five dollars a week and board. You American country girl, who only understand the bright side of city life, listen: Don't become dissatisfied with your country home, even if your brothers and sisters have all deserted the family table, and you are left to care for an irritable father and an invalid mother. Some of these same deserters would gladly come back and relieve you, if such a thing were possible. Don't think life has a grudge against you. Don't get morbid by reading and re-reading the story of the Good Samaritan and its variations, which fill up too much of the weekly Church paper, and then imagine that your destiny is the city slums.

If you really want to nurse commence upon your mother's lame back, or help to smooth the wrinkles from your father's careworn brow. The labor may be distasteful and monotonous, but it is as nothing compared to living in a hall bedroom in a city flat, alone and unnoticed, waiting for a "case."

Don't insist upon turning your back upon what is clearly your duty, and attempt

to force a current in your career which will sooner or later land you upon the rocks of disappointment and blighted hopes, unless you be one in ten thousand.

General Paralysis.

By R. S. MICHEL, M. D., Chicago, Prof. of Internal Medicine, Chicago Clinical School.

Mr. J. W., aged 55, of American birth, has been an active business man all his life—a manufacturer. Five years ago, while conducting a large factory in a neighboring city, he became financially embarrassed. This worried him greatly. The conditions incident to the business were changing also. New processes were coming in. It required constant effort to keep up with the times. Competition was strong, and profits low. All this added to his worry. His physician feared that he was breaking down mentally, and advised him to quit business altogether. Mr. W. followed this advice. After a period of rest he seemed to regain his oldtime energy, and again embarked in business. This ended in another collapse. Several times since this has been repeated, each collapse being more pronounced.

This is his history prior to April, 1897, at which time he came to my clinic. No specific history could be elicited. He had epileptiform attacks; some visual defect—probably faulty accommodation, and satyriasis. The last symptom occurring in a man of this age is almost pathognomonic of intracranial disease.

From that time to the present he has been under observation. He has had many epileptiform seizures, at varying intervals. Sometimes they are close together, sometimes the interval is considerable. When these attacks are impending he is cognizant of the fact. I have carefully observed these seizures, and I do not think consciousness is entirely lost. The spasmodic movements are more pronounced on one side. The gait has become very ataxic, and he is in danger of falling. Sometimes it is impossible for him to walk or stand erect. The knee-jerk is exaggerated. Lack of coördination in the muscles of the arms is marked, especially in the right. His arms are affected in a less degree than his legs. This lack of muscular control is well shown by comparing the autographs

below. The first was written five years ago, or about the time the disease origi-

R. Wilson

nated. The second was written within a few days.

Prof. H. H. H. H. H.

He conveys food to his mouth with difficulty, and his appetite is voracious. Breath fetid. At night he sleeps poorly. He often gets up and endeavors to walk about the room, or sits in a chair.

His mentality varies. One day he is very optimistic and the next he is a confirmed pessimist. He fears he is becoming insane, and is in danger of bodily injury from throwing himself against the furniture of the room. Is easily moved to smiles or tears. He will cry when agitated, or show signs of violence. Sometimes he will read the daily papers and comment on current events.

This is a typical case of the disease that is called "general paralysis of the insane," "paresis," "paralytic dementia," etc., except that it has advanced more rapidly in the nine months that it has been under observation than such cases usually do. The history is generally one of very slow progress. Frequently there are periods of apparent temporary amelioration of the symptoms. But these periods are delusive. The tendency is always downward. The condition with which it is most likely to be confounded is the premature breaking down from age—early senile dementia. Tumor of the brain, when vomiting is absent, may be mistaken for paresis in its early stage. Chronic alcoholism may also, by its tremors, its enfeeblement of mind and perversion of moral instincts, be a source of error. In making the diagnosis the three essential factors must be borne in mind, intellectual impairment, rather a dementia than an insanity; lack of coördination, which advances to ataxia and finally paresis, and ideas that are more or less optimistic or grandiose. The last symptom is not always

present, or at least is not well marked. It is most frequently observed late in the disease, or toward its close. The disease usually affects those who have been subjected to severe and protracted mental strain and worry. It is much more common in men, and is a disease of middle age—from thirty-five to fifty-five. Syphilis is often a factor. Riotous living and intemperance may be causes.

The disease has an important medico-legal aspect, from the fact that its victims sometimes commit very foolish or criminal acts, before they are yet recognized as irresponsible. Also because of the question of responsibility in regard to the execution of wills, or other legal documents. When the practitioner is brought into court to testify in these unpleasant legal tangles, he should base his evidence largely upon the sense of justice and equity shown in the disputed document.

Treatment is not of much avail. All sources of mental worry and irritation should be removed if possible. The patient should have nourishing food and good care. It is essential to secure rest at night. Sulphonal in ten to fifteen grain doses answers this indication well. Chloral hydrate is also effective. There can be no objection to the free administration of morphia, when other remedies fail to promote sleep. It is often best to give it hypodermically. Compound syrup of the hypophosphites with strychnia may retard the progress of the disease. Cod-liver oil with extract of malt is sometimes useful. If the patient should be confined to bed, as will often be the case late in the disease, bedsores should be carefully guarded against by frequent changing the posture. Also by applying to the skin of the back, hips and scapular region substances that will toughen the skin, as alcohol or an aqueous solution of sodium borate. Some laxative medicine will be necessary, as the paretic condition lessens peristalsis.

The disease may be retarded, but it cannot be stayed, in its downward course. Unless carried off by some intercurrent disease or complication, dementia becomes complete and death soon follows.

689 North Robey St.

A Report of Some Unusual Cases.

By J. H. COULTER, M. D., Summitville, Iowa.

Patients have but little hesitation at deliberately and with "malice aforethought" upsetting a doctor's carefully weighed diagnosis and prognosis by getting well when they ought to die, and dying when they ought to get well, in order to save the doctor's reputation, as the following cases will illustrate.

On June 30, 1897, I was called to see Mr. T., aged 42, complained of severe pain in head, no fever, pulse normal, pupils and reflexes normal, so I concluded that it was probably the result of gastric irritation, or the so-called biliousness.

A purgative was given, and followed with pepsin and hydrochloric acid, as the patient complained of "heaviness" in the stomach, for which no relief was obtained. I was called again the following day, with the information that the pain was worse; it was a dull, constant pain located all over the calvarium. I saw him on each successive day until July 10th, when I told the friends I feared some organic brain trouble, and an able physician and college professor was called in consultation, who gave the opinion that the trouble was of gastric origin, and gave a favorable prognosis. There was some little evidence of gastric disturbance at the time, which, however, soon vanished, but with no general improvement in his condition. A careful examination of the urine was made, but nothing abnormal found. The pain seemed to grow more intense day by day, and nothing seemed to give even temporary relief. It seemed that everything in the entire materia medica was tried, that might offer a reasonable hope of palliation. It was evident to me that the motor tract was involved, as there was general inco-ordination of the muscles. In attempting to walk he would stagger from one point to another, like one intoxicated. His condition continued much the same until July 23d, when the throat became sore and there was also present severe pain in the region of the cerebellum. I decided to call to my assistance a specialist on rhino laryngology

and ophthalmology, who said, "I find a slight optic neuritis, on examination with the ophthalmoscope, both eyes about the same." His entire throat was inflamed, and especially so the larynx. The vocal cords were very much reddened, and the muscles seemed to act badly, as there was considerable secretion about the larynx, and he was unable to clear all of it out. He was expectorating considerable mucus, but much seemed to be left after each effort. There was also present general inco-ordination of muscles. The consultant concluded with an unfavorable prognosis. A careful search and inquiry was made for the history of syphilis, but none obtained, and we had good reason to believe there had been none. However, I gave potass. iodide freely for the last ten days, as nothing better seemed indicated. On August 6th, when I was called at 6 p. m., found him at the table eating supper, where he remained three-quarters of an hour, only being able to swallow small quantities of food at a time; said he had a good appetite, and would eat more were his throat not so sore. Pulse 90, temperature 100, talked rationally but slowly and interruptedly; said he felt no worse than usual, but nevertheless he suddenly died at 1 a. m. this same night. There was evidently some cerebral neoplasm, but just what and just where was it?

Case 2.—I was called to see Mrs. C., aged 60 years. Found her shrieking with pain in the abdomen, stercoraceous vomiting, straining at stool, passing some blood and mucus. I could easily outline a tumor in the left hypochondriac region about the size of a hen's egg. I tried filling the bowel with water, and gave purgatives without avail.

A consultant in surgery was called, who concurred in the diagnosis of acute intestinal obstruction; advised operation, and began preparations to operate, when suddenly the patient and friends declined to permit the operation; after which she was given sufficient morphine hypodermically to control the pain, and left for the night. On returning the following morning, I found the patient well again, except abdominal tenderness and an irritable stomach.

ABSTRACT.**Accidents and Employes' Eyesight.**

Dr. John R. Hamill, assistant surgeon in Illinois Eye and Ear Infirmary, and instructor in ophthalmology, in a paper in the *Railway Age* has this to say concerning this practical and important matter in ophthalmology:

The correct observation of signals has been given some thought and study on all railroads, but the proper interpretation of its meaning is yet in its infancy. Few, if any, railroad officials periodically examine their employes as to acuteness of vision and color blindness, save in a very cursory manner, and then only for promotion.

The importance of periodically examining all employes having to do with signals, and whether it be for promotion or not, should be impressed upon the minds of all railway officials. The employes should be examined carefully, (1) as to their acuity of vision. Very many otherwise able but aged men cannot see signals as far as they should. This may be due to a lesion in the interior of the eyes, or some refractive error over which the employe has no control. These conditions are seldom if ever detected by the average railway surgeon, as they generally make no pretense to pass judgment on the condition of the interior of an eye and its significant meaning.

(2) The color field should be accurately tested. I am aware that all railroad officials instruct their surgeons as to how a few crude tests are made concerning the color field, especially for red and green. These tests, as generally applied, are entirely worthless and are wide of the mark in classifying knowledge. Each employe having an error has long since discovered it and learned to associate the colors as they should be (especially upon examination), even though they appear to him the opposite. Every surgeon capable of testing the color field, besides detecting color blindness, positive and negative scotomas and the significance thereof, should be able to properly detect by ophthalmoscopic examination any optic nerve lesion, of which color blindness and the scotomas are forerunners and often concomitants, and which subsequently lead to blindness.

Again, by heredity and oftentimes by acquisition, syphilis, rheumatism, tuberculosis and Bright's disease, and very many other diseases, are fastened upon railway men,

which affect the eyes very much more than the average surgeon is able to credit, and the manifestation can clearly be made only by a thorough knowledge of the interior of the eye and diminished acuity of vision clearly demonstrated. If any man cannot read 20-20, that is, see at 20 feet what he should see at 20 feet, which for practical purposes is infinity, he should not be at the head of a passenger train freighted with human lives.

Periodical examinations by competent oculists would remedy the defects, if refractive, and ferret out the poor-sighted employes, and, where possible, correct their vision by properly adjusted glasses.

I am aware that railroad officials are loath to part with trusty employes, and for that reason keep their old employes in the most hazardous positions. This is as it should be, save that if, upon frequent examinations, it becomes a known fact that the particular employe has diminished acuity of vision from any source unremediable, he should be substituted by a younger but equally trusty employe, whose acuity of vision can be made perfect or nearly so. I believe that the older employe with lessened acuity of vision should be given the less important position where signals are not observed.

Another condition, that of hemeralopia and nyctalopia, night and day blindness, where an individual may see perfectly for 12 hours out of the 24, and indistinctly the other 12. These symptoms are manifested in certain retinal affections, and discoverable, it may be, only by the aid of an ophthalmoscope, the individual, if being examined, declaring that he sees perfectly.

Another condition, that of tobacco amblyopia, sooner or later to affect the optic nerve by causing atrophy of it, color blindness and finally total blindness of the eye. The same condition is possible by imbibing too freely of spirituous beverages. Who is to pass judgment on this condition? No one but the skilled oculist.

Very many other conditions might be cited prevalent among railroad men which lower the acuity of vision, and which therefore necessitate a periodical examination of all employes' eyes by competent oculists, especially those having to do with signals.

I hope that my argument will not be received by the railway officials as a futile theory, but that this subject-matter may be given the thought that it deserves.

Office Bores.—It is a general belief that the poor doctor is always overjoyed when a patient, no matter of what kind, enters his office to swell his coffers. The number of bores that constantly beset him and tap his energies through the exasperating conduits of long and uninteresting accounts of trivial ailments is never taken into account. Aside from this strain of self-control and the enervating influences of smiling dissimulation, there is a special harm to the victimized adviser's sympathies in the engendering of a retaliatory unconcern in the patient's present condition and an indifference to its final ending. If perchance there is a sudden and unexpected interruption of all the symptoms usually designated heart failure, there comes a feeling of complacency in his contemplation of the obituary notice of the sufferer, which promptly settles all old scores and places the lucky survivor on the high plane of becoming resignation to the decrees of a kindly fate. Time is the only thing that must tell in such a race with the inevitable.

In the meanwhile the tales of woe must go on. The uprisings and downsittings must be noted by urination at night and defecation in the morning. It is comforting for the innocent professional victim of such constant watchfulness to realize that at such times he is always kept in mind. The urinary bottle with its daily tribute is ever ready to offer its suggestion as to what has been done and still must be done so long as the visits continue. Each receptacle marshals itself in the solemn waiting row of similar odorous companions ruthlessly consigned to dilatory neglect, and the effectual corking of its contents is an implied revenge on the ever-ready fluency of the generous distiller. All such patients mean well, and so does the consultant who naively declares, after emptying the bottle, that "nothing was found" in the specimen.

Then comes the furtive young man, with wavering focal concentration, weak lip and pasty palm, whose manly substance is tapped in the unguarded hour of sleep, and who wakes only to find that all is gone. Even this may be tolerable in comparison with the livelier and more ambitious youth, who voluntarily courts the pang of repentance in his more progressive ventures in the highways and byways of forbidden

pleasures. What is lacking in the effusive mucosity of one is more than made up in the other. The miserly mournfulness of the spermatorrhœic is duly offset by the generous prodigality of the gonorrhœic. On the principle of easy come and easy go, the virus is scattered in the office of the doctor, on his carpet, chair, paperweight, door-knob and towel, with a zeal that is grimly suggestive of a better cause. The tear of pity, if it ever comes for the oozy sufferer, can never be safely wiped away by the hand that has shaken his. And lastly, who does not see the young and confiding unmarried female, who has caught cold by temporarily sitting on picnic grass, and who tells the old, old story of a deferred catamenial hope that maketh more than one heart sick.

Or worse than this, how often does the casual and plausible youth mock the claims of an ordinary credulity when he confidently asks, on behalf of a dear and absent friend, for the pill that will do the business and end anxiety?

Think of the poor doctor, who must be made to believe it all, and sympathizingly play the usual fool besides. "Next—come in, please."—*Gaillard's Med. Jour.*

Gárofen.—Condensed from an article in the Medical Summary by Dr. Ben Brodnax, Brodnax, La. Name of product changed from Gurania to Garofen.

After trying a preparation called Gárofen I thought some of my brethren would like to know of a pleasant pain reliever. Some time ago I received a sample of the remedy from the Phénique Chemical Co. of St. Louis, Mo., but as I had a supply of other material, and not many cases requiring the effects, I put off testing it until I had a case of sick headache. I watched the effects of one tablet every half hour, with the result that the second tablet gave relief, and after the third the patient slept well. There was no diaphoretic effect from it, and no after-effects that were unpleasant. The lady woke up as from a natural sleep. In a case of uterine pain from suppressed menstruation the effects were immediate, and after five tablets—one every half hour—there was perfect ease. I had used Macro-tis (B. Keith & Co.'s concentrated tincture) for a day or two, and continued the same for several days after the flow commenced.

I have also used gárofen in several cases of measles in people over 40 years old, with the effect of quiet sleep and much comfort to the patients. I cannot but think it is the analgesic which will take the place of morphine, acetanilid and its many compounds and mixtures. It answers a splendid purpose where you desire to ally pain without any sweat, or any of the effects of heart action with which the coal-tar preparations are charged. As a quieter of pain, pure and simple, I have found nothing superior to it outside of a hypodermic of morphine. I dread the use of morphine among my clientele, and have for several years tried everything that would in any way supplant it. This preparation, I believe, comes as near to it as any that I have used.

Treatment of Soft Chancres with Formalin.—Frank (*Berliner Klinische Wochenschrift*) recommends formalin in the treatment of soft chancres. Though the local application is slightly painful it destroys the specific virulence of the ulcer in an astonishingly short time. Already, in twelve hours, the surface of the ulcer is dry, and in not very deep ulcers a single energetic application upon a tuft of cotton rolled around the end of a match will suffice. If the ulcer be deep, then it is advisable to repeat the application in two days. After cauterization the chancre is covered with a piece of gauze. In about six days the cauterized layer will be cast off, exposing a nearly smooth surface, which will heal in one or two days without any induration. In several cases it was observed that the resultant moist and glistening surface showed no tendency to heal. In all these cases induration and enlargement of the glands followed an expression of syphilitic infection. This characteristic might be used as a differential diagnostic measure.

Medical Expert Testimony.—Regent Foster, Esq. (*Boston Medical and Surgical Journal*), has drawn the following proposed law:

"An Act in Relation to Expert Testimony," passed the — day of —, 1897.

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. When in any civil or criminal proceeding it appears that the testimony

of skilled experts may aid in determining any issues of fact, any justice of the court in which such proceeding is pending may upon the application of either party and after reasonable notice and hearing appoint one or more skilled experts, who shall make such reasonable examinations and tests in relation to the personal thing or subject-matter involved as either party may request.

Sec. 2. Such expert may be examined as a witness at the trial by either party or by the court, and shall receive for his services and for his attendance at court a reasonable sum, to be fixed by the court and paid by the party making the application, and be taxed in his costs if he recover.

This would seem to be as simple as the matter can be made. Nothing is proposed but a simple allowable change in practice which may or may not be resorted to. There is no effort to define experts, fix their compensation, nor do any of the cumbersome and difficult things which have been advanced of late.—*Medicine*.

The Practical Application of Preventive Measures.—The general principles involved in the prevention of infectious disease are not complex:

1. Isolation of patient and avoidance of sick room.

2. Disinfection of room and contents by steam or chemicals, or by cleanliness and sunshine; personal disinfection and prophylaxis, including fortifying the system.

3. Ventilation, to prevent concentration of poisonous matter.

The management of scarlet fever in a private house, according to these principles, is not difficult. The patient is isolated in a clean room, bare of all but the necessary furniture. A hall bedroom, or one on the top floor, is to be preferred. In some instances it may be advisable to keep the patient in the ordinary bedroom occupied at the time of taking sick, and quarantine, in the best manner possible, this floor of the house already infected. The well children are to be kept from school and church. Where the intercourse of parents with a sick child cannot be avoided, even when trained nurses are employed, it may become necessary to isolate the well children. Food and drink not consumed by the patient must be burned or disinfected in a slop jar

holding a chlorinated soda solution. Dishes should be rinsed in soda solution, five per cent., and a sublimated solution, 1-1000, before returning them to the kitchen. As dried sputa are liable to spread through the air, all expectorated matter should be received by rags or paper spittoons, which are to be burned, or into a jar holding a sublimate solution, 1-1000. The sick room should not be swept with a broom, to avoid raising dust. For cleaning purposes employ moist rags, which are to be burned. Urinals, bed-pans and fæces are treated with quicklime, bichloride solution, 1-100, or Labarraque's solution.—*Caille in Pediatrics.*

Acute Otitis Media.—Dr. Bulson (*Ft. Wayne Med. Magazine*) says:

1. Consider earache as a warning note of danger to the patient, both as respects function of hearing and life, and carefully inspect the visible parts implicated in the inflammation.

2. Avoid opiates, which oftentimes but mask the symptoms, and if within the first few hours no relief from pain results from hot applications and local depletion, perform paracentesis, whether bulging of the membrane is present or not.

3. Incise the drum membrane at once if bulging is detected, indicating early perforation, as it is important to, if possible, control the character, extent and location of the opening in the drum membrane in order to limit destructive changes.

4. With the appearance of discharge, begin the process of cleansing, adopting nothing more than warm detergent and non-irritating antiseptic solutions, and using them sufficiently often to keep the parts free from collections of mucus or pus.

5. Keep the naso-pharynx free of discharge by detergent sprays, and cautiously use Politzer inflation to assist in removing discharges from the middle ear, as well as to aid in preventing depression of the healing drum membrane and possible adhesion.

6. To secure the best possible results, which are always desirable, and due both patient and physician, persistently follow treatment until all discharges have ceased and the perforation thoroughly closed.

Klondike Doctors.—"While traveling over my territory I learned that a number of physicians contemplate a trip to Klondike to try their fortunes, hoping for a

goodly share of nuggets for their professional services in the country of cold and gold. They did not know that it would be absolutely necessary to pass examinations before the Board of Examiners of the Northwest Territory (not British Columbia), whose headquarters is Calgary, and of whom Dr. Britt, Banff, N. W. T., is registrar. I have learned that the medical law will be enforced by the provincial authorities. To save lots of trouble, inconvenience and expense to our medical pioneers, kindly give this information to your readers and exchanges to your journal.

"ROBERT MCKINLEY."

Mr. McKinley, who is the coast representative of Wampole & Co., deserves thanks for his thoughtfulness in sending the above information, which prospective medical Klondikers will do well to read carefully.—*Ed. Medical Sentinel.*

Rheumatism.—There are many cases of rheumatism in its various forms, which otherwise prove most obstinate and unyielding, but which can be cured speedily and thoroughly by the use of Tongaline Liquid, or Tongaline Tablets, or Tongaline and Lithia Tablets, or Tongaline and Quinine Tablets, as the conditions may indicate, all to be taken at short intervals and washed down with plenty of hot water, as hot as the patient can bear it.

This treatment can be supplemented by the local application of Tongaline Liquid; or the disturbing effects of internal medication upon an irritable stomach and sensitive nerves can be avoided by the external use of Tongaline Liquid alone.

The affected parts should be sponged first with alcohol, then with Tongaline Liquid, and cloths saturated with the remedy held in apposition by oiled silk bandages, applying heat by a hot water bag or other convenient method to facilitate absorption. Tongaline Liquid, in like manner, may be given externally by the aid of electricity.

Grippe.—For Grippe as for all ailments which exist endemically or epidemically, the most diverse methods of treatment and medication have been proposed, and a vast number of medicines recommended, but few of which possess any real value. No remedy has had so much success or has

proven to be of such true efficacy both for the prompt and thorough relief of grippe and the prevention of complications, as Tongaline Liquid in doses of a teaspoonful, or a Tongaline and Quinine Tablet, either to be taken at short intervals and washed down with plenty of hot water. A glass or two of hot water between the doses will further stimulate the action of the medicine.

Grippe invariably renders the stomach irritable and the nerves sensitive, so, in order to avoid any disturbing effects from internal medication, the inner parts of the thighs and the abdominal surfaces should be first sponged with alcohol, then with Tongaline Liquid and hot cloths saturated with the remedy held in apposition by oiled silk bandages, heat being applied by hot water bag or other convenient method to facilitate absorption.

In like manner Tongaline Liquid may be given externally by the aid of electricity.

It is positively remarkable how quickly and thoroughly the grippe is eradicated and a complete cure is effected by the use of Tongaline as mentioned.

Neurectomy for Tic-Douloureux.—

Bernays' "Report of a Surgical Clinic," complimentary to the members of the Mississippi Valley Medical Association, contains the following in reference to his patient's condition and treatment before neurectomy for tic douloureux was decided upon:

"Case V.—The patient, æt. 50, white, female. Family history: Has one sister who suffered from emotional insanity; otherwise the family history is good. Previous health excellent. The present trouble began with a severe neuralgic toothache, localized in the right lower molars. Paroxysms of pain were of daily occurrence, and most severe in the mornings about breakfast time. The pain subsided temporarily whenever the teeth were pressed firmly together or upon any substance held between them, but only to return when the pressure was withdrawn. The presence of anything cold in the mouth immediately produced the most exquisite pain; moderate heat produced a soothing effect. After two months the pain became continuous, and four molars were extracted without in any way relieving it. On the contrary, the pain increased in severity until October, when it ceased entirely for a period of two weeks, and then returned as severely as before. Another tooth was sacrificed, but without relief; the pain became continuous until last June, when it again subsided for a period of six weeks. A recurrence then took place, together with an involvement of the parts supplied by the second branch of the fifth nerve. Pain has been constant until the operation. She had strenuously avoided the use of narcotics, but during the more active periods of pain, antikamnia in ten-grain doses was found to be an efficacious obtunder." After describing the neurectomy, Professor Bernays says: "Eight weeks have now elapsed since the operation, and no recurrence of the trouble has taken place."



The Chicago Clinic.

(FORMERLY THE OMAHA CLINIC).

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THE EVOLUTION IN THERAPEUTICS.

The evolution of which we hear so much, and which is so eloquently portrayed in the large proportion of doctorate addresses, is not limited to the fields of surgery and diagnosis, as one might be led to presume from a perusal of these addresses.

While the progress in those departments referred to was the more important in many ways, yet there have been just as forceful and imperative influences at work in the matter of therapeutics. These influences have served to more nearly establish a solid ground of fact. Just as fast as we are able to give our theories in medicine a demonstrable basis of fact, so fast are we doing away with and forever destroying the empiricism which has been the bane of all medicine since its beginnings.

Enterprising therapeutists and industrious clinicians have at times seemed to create an epoch in therapeutics by the startling results they have obtained in specific medication. Quinine, and mercury, and

morphia, and chloral, and iron, and belladonna, and iodoform, and bromides, and hypodermic medication, each played their important function in the role of progress. Certainly in this evolution there have appeared many drugs and remedies which were not entitled to entire confidence, but they were simply steps in this progressive development; and while they may not have lasted long, they were important links in establishing an unbroken chain of succession to their superiors.

Modern ideas of elegance have been dominant in the recent progress in therapeutics to such an extent as to sometimes obscure other qualities in fact more important. But usually such subversion of merit to elegance was soon recognized by an exactly critical and honest profession; and the death-knell of the "elegant" preparation is soon rung, notwithstanding vigorous advertising.

Opium is one of the oldest of drugs, and, too, a most valuable one in many cases. It is scarcely possible to practice medicine without it to-day, and yet because of its dangers and undesirable qualities it has been indirectly the cause of the greater part of our therapeutic progress in the past twenty or thirty years.

The necessity which was the maternal inspiration in this case was in the mind of the physician who gave opium or its alkaloids, and then waited an hour or more in mingled hope, anxiety and suspense, with a stomach tube in one hand and an antidote in the other, lest perchance his patient have an overdose.

This golden opportunity for the pharmaceutical chemist, it would seem, was not speedily embraced, or if so the reciprocal

affection was not apparent to the medical world in the way of results.

For too long indeed did the sweet poppy heads hold these chemists lulled into sleepy subjection. Already they had bound themselves in a deceptive wreath stronger than steel, around the mind and body of thousands of helpless victims.

But the awakening came, and with it the advent of the coal-tar derivatives. Phenacetine, acetanilid, antifebrine, antipyrine, exalgine, antikamnia and others of similar character or compound instituted a new line of thought and experiment.

They were in many cases a grand substitute for morphia and the opiates. In addition they played an important part as antipyretics.

But with all their virtues they have their objectionable features, principal among which I may mention their cardiac depressant effects. All coal-tar derivatives must of necessity have this effect to a greater or less extent. It will be seen that they have found and will find favor with the physicians in direct proportion to their freedom from depressant action on the heart.

But scientific therapeutics would not be baffled. The perfection which a dawning millenium demands not being found in remedies with such undesirable qualities, another step resulted, and we hear of garofen, which contains neither opium nor the coal-tar products in any form. This is a matter of personal knowledge with me, and hence I use the expression advisedly and not as if I were inditing a reading notice for the firm who patronize our advertising pages. But it would seem that we have in this drug garofen convincing evidence of another step having been taken in the evolution of analgesic therapeutics. C.

THE DEPARTMENT OF PUBLIC HEALTH— ONCE MORE.

It was hardly to be expected that such an influential medical organ as the New York Medical Journal would be the one to throw cold water on the attempt of the medical profession to obtain their rights, and, too, for a matter of such general weal, in the establishment of a department of public health. In a recent issue the editor claims that this department should not be suddenly created, if indeed at all. "It must grow by a process of development according to the needs of the nation in such matter, so that the growth shall be healthy and the aspirations of the medical profession shall not be hindered by backward steps."

This is one subject that has been discussed by medical men and medical societies more than any other in season, and often, indeed, out of season. It has been constantly drummed into every member of each state society on all occasions. Committees without number have been appointed. Money has been spent, though possibly if it had been put into one pot and spent "in the proper (?) way" we would now have a medical man in the cabinet. Does the New York Journal think the American doctor deficient in common sense and business acumen to the extent that the introduction of another department to our executive head would be detrimental to our system of government? Perhaps, if the appointee should become confused in the conduct of the position, he might be able to secure help from some of the other departments with more experience in business. Or, indeed, all possibility of confusion might be avoided in the first place by the appointment of the secretary from New York and his assistant from Boston,

thus securing both business ability and intellectual capacity.

The arguments of the Journal are too puerile to be of much effect, at least so we hope.

At the same time we notice in the daily press that President McKinley will shortly send in a recommendation to Congress for the establishment of a department of commerce and industry. This was to have been contained in his annual message had he not forgotten it.

Why should it be so suddenly recognized that the country is in need of the Department of Commerce and Industry? Simply because business men see that it will be an advantage to them in their business, and were we, as medical men, as keen in recognizing our opportunity, and as practical in our way of getting at what we want, as are these business men, we would not have to blush at the damper thrown on the enterprise by one of our own number.

Some good doctors are good politicians, but few of those who have sufficient influence in the proper quarter will give this matter that attention which is necessary to success, because they are so thoroughly engrossed in their own private duties. Hence it languishes, until some philanthropic or covetous politician either recognizes the importance to the people of the case, or

else sees in it something to his own aggrandizement. Then, we doubt not, the "Secretary of Health" will get a boost that will land him in the cabinet.

Dr. Norbury has recently said in an editorial on the subject that "the question of public health has passed beyond local health boards, inasmuch as epidemics such as the recent yellow fever outbreak in the South, have demonstrated that it requires a well-defined system with but one head to superintend and control all the agencies used to suppress epidemics. Then again, the control of emigration, the inspection of vessels and other common carriers, the inspection of cattle, the observation of water supplies, the investigation of food supplies, and many other questions bearing directly or indirectly upon public health, need constant and vigilant attention. To meet this demand and to throw barriers out to ward off disease, there should be a department of public health as one of the recognized integral parts of our public service. We need a public health department, organized on the plan proposed by the bill to be presented at this session of Congress." Let every physician write his member of Congress and senators, urging them to vote for it. Send to Dr. John B. Hamilton, Chicago, for a copy of the bill. C.



OUR BOOK TABLE.

An American Year-Book of Medicine and Surgery.—A yearly digest of scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Collected and arranged, with critical editorial comments, by eminent American specialists and teachers, under the general editorial charge of George M. Gould, M. D. One handsome imperial octavo volume of about 1,100 pages. Uniform in style, size and general makeup with the "American Text-Book" series. Cloth, \$6.50 net; half morocco, \$7.50 net. Sold by subscription. W. B. Saunders, Philadelphia.

To those who have previously subscribed for this Year-Book no more than a mere mention that it has been issued will be necessary. To those who have not yet made themselves personally acquainted with its merits, we would add to the above that no more useful, practical and valuable annual is issued from any medical press. The volume for 1898 compares very favorably with the former editions of the work. It is conducted on much the same lines as were those, and largely by the same contributors. What few changes have been made are certainly improvements. At the same time we cannot help but wonder why as broad-minded a man as is Dr. Gould should not, even for business reasons, get his collaborators from a more representatively American list of men than is indicated by fifteen from Philadelphia as against eleven from all other cities.

As to the book itself, it contains so much of value to the physician that we hesitate to mention even one feature or a chapter as particularly worthy of attention.

The Widal test for typhoid is discussed at length by Dr. Pepper, and the same author gives the chapter on Infections, and also on Tuberculosis, Diseases of the Blood, Heart and Arteries, and the Intestinal Tract are next reviewed. The X-ray is given its full credit in medicine, and many new facts collated concerning the practical application of this valuable agent are included.

The department of Surgery, under the direction of Prof. Keen, is, as might be expected, a most excellent epitome of all that

is new in the past year. To review the entire work as it really deserves is impossible in our limited space. In the above we have only hinted at the fund of useful and practical information which it contains.

Outlines of Rural Hygiene.—For physicians, students and sanitarians. By Harvey B. Bashore, M. D. With an appendix on "the Normal Distribution of Chlorine," by Prof. Herbert E. Smith, of Yale University. Illustrated with twenty (20) engravings. Five and a half by eight inches. Pages vi.-84. Extra cloth, 75 cents net. The F. A. Davis Co., publishers, 9 Lakeside Building, Chicago, Ill.

As the title indicates, this volume is not in any measure intended as a guide to, or treatise on, city sanitation. There has already been quite a sufficiency of that literature produced. We are perhaps sometimes led to presume that sanitation and hygiene are superfluous considerations in rural surroundings, but those of us who have lived there know full well how often indeed are these country homes so poorly ventilated and drained as to be the veriest incubators of pathogenic germs. It is a practical outline of a very practical subject.

A System of Practical Medicine. By American Authors.—Edited by Alfred Lee Loomis, M. D., and William Gilman Thompson, M.D. To be completed in four imperial octavo volumes, containing from 900 to 1,000 pages each, fully illustrated in colors and in black. Volume III—Diseases of the Alimentary Canal, Peritoneum, Liver and Gall Bladder, Spleen, Pancreas and Thyroid Gland, Chronic Metal Poisoning, Alcoholism, Morphinism, Infectious Diseases Common to Man and Animals, Miscellaneous Subjects. For sale by subscription. Per volume, cloth, \$5.00; leather, \$6.00; half morocco, \$7.00. Lea Brothers & Co., publishers, Philadelphia and New York, 1898.

Thus we have briefly described the third volume of this excellent series emanating from the press of Lea Brothers. The editors have been fortunate in the selection of their contributors to this volume as men who are certainly capable. They, however, seem to have retained the idea that erudition is an Eastern characteristic to a large and important degree, judging by the

number of Western contributors they have selected. The Western physicians, however, are cosmopolitan enough to appreciate a good thing, coming from any source, and at the same time they are generous enough not to consider it a personal matter that a larger portion of this valuable work did not come "from the wild and woolly West." We are of the opinion, however, that had the chapter on Tonsillitis come from any one of a dozen men we could mention from the above named section the value of the book would have been improved and it would have been less open to criticism. The chapters on the Oesophagus and Stomach, by Drs. Allen and Jones, are alone worth the price of the book to any practitioner of medicine. They contain much that is new, and as well have plainly expressed many ideas that, to us at least, had heretofore been obscure and uncertain.

The chapters on Cretinism and Myxoedema, with their accompanying "before and after" illustrations, are certainly impressive as well as instructive. So much as is given on the subjects of alcoholism and morphinism is of such worth that it is to be regretted that more of the same was not included. It is, however, simply a boiling-down rather than an abbreviation.

The miscellaneous section deserves a name less nondescript. It is, in reality, one of the most valuable portions of the book, which, by the way, every progressive physician should have.

An Epitome of the History of Medicine.—By Roswell Park, A. M., M. D., of the University of Buffalo. Illustrated with portraits and other engravings. One volume, royal octavo, pages xiv.-348. Extra cloth, beveled edges, \$2 net. The F. A. Davis Co., publishers, 9 Lakeside Building, Chicago.

As will be seen from the preface of this work, the University of Buffalo was the first institution to establish a regular department of the history of medicine.

The author has added to our library a most interesting and valuable book. He has followed out the evolution of our profession with an accuracy and exactness that are both remarkable and interesting in such a record of human error and discovery.

The book in its every page brings out some point of value, and we wonder how

the author was able to condense so much information in such a volume.

If any portion is more interesting than another it is that termed by the author, "The Age of Renovation," which, however, is so important as to occupy the greater part of the book. Professor Park is to be congratulated on having so completely and creditably filled what has heretofore been a very large and prominent gap in medical literature.

ITEMS.

It is Davy Crockett's old proposition over again: "Be sure you're right, then go ahead," and we're going.

There is only one star in the Cuban flag; but if Spain wants to see more stars in a minute than she ever saw before in her whole lifetime, she can do so by trampling on "Old Glory."

In case of numbness of the extremities look after the digestive functions. Very often one grain of calomel at night, for three or four nights, will completely relieve these very annoying though not serious symptoms.

The preparations of "Pepsin," made by Robinson-Pettet Co., are indorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well-known manufacturing house. (See page ii.)

Dr. Margaret M. Traill Christie, who has been appointed by the India office to study the bubonic plague in the hospitals for native women in Bombay, is a very young woman, and it is only two years since she got her degree from London University.

Don't hurry in making a life insurance examination. You do yourself, the applicant and the company an injustice by hurrying. Almost every case of "returned for correction" might have been avoided had the examiner taken more time and care when first doing the work.

Do not use cocaine indiscriminately. It is a dangerous agent, even when used with the greatest caution. In cases where it is necessary, if you will take the precaution

to have the stomach full, you will avoid that intoxication and disagreeable nausea which often accompany its use.

Current news reports have it that Mr. Gladstone is really suffering from a malignant condition, which has attacked the bones of his nose and face. It is certainly the hope of everyone that these rumors will be unsupported by fact when the true condition has been determined.

In the death of Dr. Lackersteen, of Chicago, which occurred at his home in that city last month, the medical profession has lost one of its most talented and intellectual members. He was considered as perhaps one of, if indeed not, the best informed men in both literature and science in the medical profession in this city.

We present this month a goodly number of new names in our advertising pages. These will be increased by others in a short time, if present indications are any criterion. They are each and all reliable people in their lines, and we call attention to them with perfect confidence in their reliability and ability to carry out the claims they make.

An Army Medical Board will be in session in Washington during the month of May for the examination of candidates for appointment to the Medical Corps of the United States Army to fill existing vacancies. Candidates must be between twenty-two and twenty-nine and be graduates of a regular medical college. Applications should be made to the Secretary of War before April 15, 1898.

"Grip" is more prevalent at present in Chicago than at any time since the epidemic of 1891. The appalling announcement is made by the Department of Health that 40,000 persons in this city are now stricken with the malady which created such havoc seven years ago. During last week eighteen deaths have been reported as resulting from "grip," and the record of persons who have succumbed to its throes during the first six days of the present week is eleven. In all sections of the city and among all classes of people it rages,

largely coupled with diseases of another character mostly of a pulmonary nature.

If you were to take an eminently practical boy and school him into the superficial, sentimental, emotional and dependent habits of the average girl, with the ordinary attendants of a corset, tight and high-heeled shoes and indoor training, and insufficient clothing, and let him live on de-oxygenated air, with no hope except to get married, and not allow him to purchase even as much as a railroad ticket for himself, never have a pocket in his clothes, spend hours daily curling his hair and preparing to spend a frivolous evening, etc., he would develop into a veritable hysterical nonentity, capable of producing only his kind.—*Dr. Lucinda H. Corr.*

It matters not whether it be the collar, the waistband or the garter, all constricting bands are injurious; anything that compresses the blood vessels and interferes with the free circulation of the blood should not be tolerated. Headache, chronic digestion of the brain, even apoplexy will be favored and rendered more possible by the use of tight collars; while varicose veins are commonly caused by tight garters. Anything constricting the waist is evidently and obviously injurious to the vital organs within, all of which require plenty of room that they may functionate properly. We think it barbarous for Chinese women to constrict their feet; Li Hung Chang thinks it more barbarous for Americans to constrict their necks, waists and legs. The old man is right; there are no vital organs in the feet.—*Annals of Hygiene.*

CAROFEN.

CUT THIS OUT and mail to the Phénique Chemical Co., of St. Louis, Mo., and you will receive, free of charge, sample, literature and reports on the New Vegetable Analgesic and Antipyretic that has come to take the place of morphine, acetanilid and its many compounds. Garofen contains **NO COAL-TAR PRODUCTS** nor opium or its alkaloids in any form. No. 28.

No man should do more work of muscle or of brain in the day than he can perfectly recover in a good night's rest. Up to that point, exercise is good; beyond it, is waste of life, exhaustion and decay. When hunger calls for food and fatigue demands rest, we are in the natural order and keep the balance of life. When we take stimulants to spur our jaded nerves, or excite an appe-

There is a mutual obligation existing between doctor and patient. The latter expects prompt and efficient service, at the sacrifice of convenience, social engagements, and, if necessary, of comfort and health, on the part of the former. On the other hand, prompt and full payment of financial obligations and the consideration of his comfort, convenience and recreation when emergencies do not prevent are the rights of the physician.

Over the triple doorway of the cathedral of Milan there are three inscriptions spanning the splendid arches. Over one is carved a beautiful wreath of roses, and underneath is the legend: "All that pleases is but for a moment." Over another is sculptured a cross, and these are the words underneath: "All that troubles is but for a moment." But underneath the great central entrance in the main aisle is the inscription: "That only is important which is eternal."

A national alliance for the increase of the population of France has this week presented a petition to the Prime Minister setting forth certain drastic measures which the government is urged to adopt. Dr. Bertillon, the inventor of the system of measuring criminals, is at the head of the society, and its plan includes some interesting features. It proposes that government scholarships in schools, lyceums and academies be given only to families having at least three children living. All favors of government, such as tobaccoists' licenses, concessions in the colonies, are to be given to such families. When the claims of government officials for promotion are decided their number of children is to be taken into account. Allowances and traveling expenses to officials, as well as the salaries to subalterns, shall be regulated according to the number of children.

A medical authority who may be presumed to understand the true inwardness of his profession has lately published some advice about the selection of a family physician, declaring such a choice to be a very important matter, often undertaken in the most haphazard way.

He advises laymen to remember that "your doctor is to occupy almost the place of a member of your family. He will necessarily know most of your private affairs, domestic and otherwise. He is to be the confidant of your wife, and, in more than one way, the adviser of your children: First of all, you want a skillful man; second, you need an honorable man, and third, a gentleman."

In choosing a specialist or a consultant it is well to be guided by the advice of the family physician, who, if he be honorable and broad-minded, will cheerfully acquiesce in your desire to have the assistance of some one of his colleagues. If he becomes offended or assumes an injured air at the hint that he is not the only member of his profession, the sooner his vanity receives a few hard knocks the better.

It has been found that colored women have an especial aptitude for nursing. No profession is better suited to them than that of the professional nurse, and the daughters of well-to-do families will find this work especially pleasant, as it is far removed from the drudgery which must be especially distasteful to the colored woman who has received a good education. The New Orleans University Medical College decided a few months ago to open a training school for young colored women. A number of excellent reasons were given by the medical board for opening the college to colored women.

Among them the fact is stated that the negro is strangely free from climatic ills. The average colored woman is very strong and is by nature good-tempered and cheerful—two great requisites for a successful nurse. While the negro is especially at home in hot climates, he will do well in cold countries, provided he is warmly clothed and well fed. It is believed that the educated, trained colored nurse will be of the greatest possible value to physicians and their patients. The pay is always good.

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Fracture of the Base of the Skull, Followed by Primary Optic Atrophy. Paralysis of the Abducens.

A Clinical Lecture before the Chicago Clinical School
by HAROLD N. MOYER, M. D., Professor
of Nervous and Mental Diseases.

Gentlemen:—This patient is fifty-three years of age, and prior to an accident which befell him on Nov. 30, 1897, he has always enjoyed excellent health. On that day he was driving, his horse ran away, and he was thrown, with great violence, striking the left side of his head against a telegraph pole. He immediately lost consciousness, the coma continuing for nearly two days, with lessening intensity. We cannot learn all of the particulars of the illness following the injury, but he says there was hemorrhage from both ears, the side of face was enormously swollen, the left eye closed and his left shoulder and arm severely bruised.

After the return of consciousness and the lessening of swelling, so that he could open the eyelids, he found that vision was wholly gone in the left eye. His general condition improved, motion in the left arm returned, and, now, three months after the accident, he complains of occasional headache, dizziness, blindness of the left eye, and impaired hearing.

On examining the left arm it is easy to see that there has been an injury to the musculo-spiral nerve, which has been followed by partial paralysis, but has now nearly recovered. There is no suggestion of hemiplegia. Sensation is nowhere impaired. The dizziness is not aggravated by closure of the eyes. The knee-jerks and skin reflexes are normal.

Hearing is impaired in the left ear about one-half as compared with the right. There is a loss of normal acuity in the right, but is no more than is commonly present in men of his age. The right drum is slightly retracted. The left is more retracted, is thickened and the external meatus is dry. Tests with a tuning fork show no loss of perception of sound through bone, on either

side; consequently we conclude that the impairment of hearing is due to thickening and retraction of the drums and some ankylosis of the ossicles.

Vision is wholly lost in the left eye. He thinks he has a perception of a shadow, but this is due to light transmitted through the closed lid of the right eye, as is easily shown by shading the closed eye with the hand. The movements of the eye are normal. As light falls upon the left pupil you note that it remains stationary, but if the right eye is shaded the left pupil instantly dilates, showing that consensual light reaction is present, and that the third nerve is intact. As the eyes converge the left pupil narrows, which is further proof that the intrinsic ocular muscles are intact. Examination of the fundus shows a normal retina, with some diminution in the caliber of the vessels. The head of the nerve is white and glistening, with slightly dark trabeculae. This appearance indicates complete optic atrophy.

The question naturally presents itself, as to the extent and location of the original injury. Was there a fracture of the base of the skull? We are inclined to think that there was, if we accept the statement of the patient that blood came from the ears. This is uncertain, however, as blood from an external wound or from the nose may pass into the external meatus and present every appearance of having been discharged from the ears. In every such case the meatus should be carefully cleansed and the drum examined. That there was some injury to the drum in this case is shown by the impairment of hearing and thickening, and the statement that hearing was good before the accident. The optic nerve is sometimes injured in fractures of the base, but if you recall the relations of the several nerves which supply the eye, the third, fourth and sixth and the optic, it is difficult to understand how a fracture could have injured only one of them. If it were not for the hemorrhage from the ears and the impairment of hearing we should conclude that there had been a concussion of the nerve, as

it passes through the optic foramen or an extravasation of blood in its sheath.

The question of basal fracture is always difficult in those who recover; and per contra the diagnosis is comparatively easy at the autopsy. Phelps in his late work says that out of 286 cases of fracture of the base 110 recovered. Allowing for every reasonable objection, we must admit that a considerable number of cases of fracture of the base do recover.

The prognosis in this case is favorable. The dizziness has grown less and the headaches decreased. In the absence of changes in the auditory nerve, the deafness will only increase with advancing years. Vision is lost forever in the left eye, but there is no danger of an extension to the right. The dizziness may be in part accounted for by the blindness of one eye. this is the case, it will disappear as the patient becomes accustomed to it.

Of course, nothing in the way of treatment is indicated. We can only advise him earnestly to abstain from alcohol, to lead a regular life and sleep as much as possible. Above all, anxiety, worry and mental depression should be avoided, and some light, regular employment followed that is free from strain. He should be under professional observation for the next two years and any change should be carefully noted. We should never forget that severe injuries to the head are often followed by late changes, such as epilepsy, meningitis and insanity.

PARALYSIS OF THE SIXTH NERVE.

This lady is seventy-five years old, and for one of her years has enjoyed excellent health until three weeks ago, at which time she fell, striking the right side of her head. The fall was followed by loss of consciousness, lasting for half an hour. She was in bed for some time. So far as we can learn, there was no paralysis of the extremities and no disturbance of speech. Soon after the fall it was noted that the left eye did not turn outward. After getting up she was confused, and in walking there was a tendency to turn to the left. As she describes it, the buildings on the side of the street turn inward across her path. Vision is fair and about the same in both eyes, and is not more impaired than it usually is in persons of her age.

Examination shows no focal symptoms, with the exception of paralysis of the left

rectus muscle. The movements of all of the other eye muscles are intact; the globe moving in every direction excepting outward, the excursion in this direction not passing beyond the middle line. The pupils react normally and there is no change in the fundus. Hearing is the same on both sides. The knee-jerks and general sensation are intact.

In these two cases we have a fine example of the varying effect of head injuries. In one the optic nerve was alone paralyzed by a blow upon the same side of the head. In the other the sixth nerve was paralyzed on the opposite side to which the blow was directed. It serves to emphasize the fact that the force and location of head injuries are often of no value in predicating injury to the cranial contents.

The Pharmacology and Therapeutics of Kryofine.

JUN 26 1900
By GEORGE FRANK BUTLER, Ph. G., M. D., Professor
of Materia Medica and Clinical Medicine College
of Physicians and Surgeons, Medical Department
of the Illinois State University, Chicago;
Professor of Internal Medicine
Chicago Clinical School; Attending Physician Cook County
Hospital etc., etc.

Notwithstanding the therapeutic nihilism of the Germans and Austrians, many invaluable remedies have been given to the medical profession by German pharmacists and physicians. It is to be regretted, however, that some of their ablest diagnosticians devote no attention whatever to therapeutics.

No truer saying was ever uttered than that of Amédée Latour: "Genuine medicine has deviated from its natural paths; it has lost its noble object, that of curing or alleviating. By thus lapsing it has rejected therapeutics, without which the physician is but an idle naturalist, passing his life in discovering, classifying and describing human diseases. Yet it is therapeutics which elevates and ennobles our art. It alone gives to medicine an object; and, I may add, by it alone can the art of healing be raised to the rank of a science."

No practitioner believes more than I do in the importance of an accurate diagnosis; nor can any recognize more clearly the necessity of intelligent therapeutics. No apology, therefore, is needed for this paper, which is an epitome of personal experience with a new coal tar derivative, kryofine.

The drug is a p-phenetidin product similar to phenacetine, but differs from it, in that kryofine is methox-acet-p-phenetidin, while phenacetine is acet-p-phenetidin. This distinction, however, is sufficient to account for the difference in the physiological action of the two drugs.

The so-called coal tar derivatives are numerous, it being quite difficult to keep *au courant* with all the recent introductions, and there may be drugs belonging to this group which upon careful investigation will prove superior to kryofine.

It is by no means easy to classify these preparations, the group possessing marked antipyretic, analgesic, antiseptic and hypnotic properties. Certain members exhibit more decided antipyretic action than others, while some are more powerful analgesics, antiseptics, etc. Generally, one or other action predominates, the remaining effects being more or less subsidiary.

Kryofine occurs in fine crystals, which are colorless, odorless and tasteless. The drug is sparingly soluble in cold water (600 parts), but dissolves in 52 parts of boiling water. It is freely soluble in alcohol, glycerine and fixed oils.

I have found the drug to be incompatible with the chlorides of mercury, the iodides of arsenic and mercury, the ferric salts in solution, tincture of iodine, and vegetable astringents.

When locally applied the drug is antiseptic and slightly sedative.

Kryofine has no special action on the digestive system. It is non-irritating and seems to exert a slight sedative influence.

Regarding the circulatory system, the drug, in therapeutic doses, has no apparent effect upon the blood; the arterial tension, however, is slightly raised and the force and rapidity of the heart's action moderately increased. Toxic doses cause profound cardiac depression, through direct influence upon the heart and vaso-motor mechanism.

In medicinal doses kryofine is a powerful sedative to the sensory nerves and spinal cord, and in many cases the drug acts as a hypnotic. Upon the respiratory system, in moderate doses, the drug is more or less inert, but in large doses the respirations are slightly accelerated.

Kryofine is rapidly absorbed and eliminated, excretion occurring chiefly by the kidneys, although to some extent by the skin. Neither the amount of urine nor that of urinary solids is materially increased.

Upon the temperature kryofine exerts a marked influence, reducing fever in from thirty minutes to an hour, the effect lasting from three to six hours. It has no effect upon the normal body temperature.

The antipyretic action of the drug is due primarily to its influence upon the heat center in the medulla. When the body is in a state of hyperpyrexia this center is in a depressed condition, owing to certain poisons circulating in the blood, and will not respond to the normal limit (98.6 degrees) of body temperature. Kryofine, like other members of the antipyretic group, increases the irritability of the heat center, causing it to respond to a lower temperature, while, through its action on the vaso-motor center, the drug stimulates the vaso-dilators, thereby increasing the peripheral circulation and consequently favoring heat dissipation.

Owing to its antiseptic and sedative properties kryofine is valuable in the treatment of wounds, ulcers, chancres and chancroids; but, in my opinion, there are other drugs superior to kryofine as local antiseptics. The action which renders kryofine particularly beneficial and establishes its great value is its anodyne influence. My own experience justifies the statement that, with the exception of morphine, no drug possesses so positive, prompt and efficient an analgesic property as kryofine; indeed, there are painful disorders—such as migraine and, particularly, the pains of locomotor-ataxia and certain spinal diseases—where kryofine seems nearly as efficient as morphine and attended with less unpleasant sequelæ.

It is unnecessary—perhaps impossible—to enumerate the many grave disorders for which this invaluable anodyne has been successfully employed. I have frequently used it in intercostal neuralgia, and, in fact, experience shows that it is an efficient agent for the relief of all neuralgic affections.

I have seldom failed to relieve facial neuralgia when I have prescribed kryofine and castor-oil. In this disorder the administration consists of eight or ten grains of kryofine, to be followed in half an hour by one ounce of castor-oil, the latter being all important as an adjuvant.

In my own practice the drug has also proven highly efficient in dysmenorrhœa, gastralgia, and neuritis, while the pains of influenza are, as a rule, very promptly relieved by it.

During the past two months I have had occasion to prescribe for a large number of patients suffering from la grippe; the following prescription, in the majority of instances, has speedily reduced the temperature and alleviated the muscular pains, headache, and other distressing symptoms in a few hours:

R Kryofine..... $\bar{5}$ i
 Quininæ Bromidi.....gr. xl
 M. et disp. in cap. No. X.

Sig. One capsule every two or three hours, according to the condition of the patient.

If the patient suffers from a dry, paroxysmal and painful cough I give the following expectorant mixture:

R Codeinæ.....gr. iv
 Ammonii Hydrochloratis... $\bar{5}$ i
 Liquoris Ammonii Acetatis.....
 Syrupi Tolutaniaa $\bar{3}$ ii

M. Dig.—Dessertspoonful every three hours. For the first two or three doses the remedy may be given at intervals of one hour apart, if necessary.

In pleurisy kryofine is quite as efficient as in la grippe—the temperature is promptly reduced and the pain greatly lessened.

I have used the drug extensively in my practice in Cook County Hospital, and have had frequent occasion to employ it in pneumonia, it being given not so much for its antipyretic influence as for the relief of pain. While the temperature was invariably lowered, I have to note only one instance of apparent cardiac depression.

I seldom administer any of the so-called antipyretics merely for their antipyretic action. The use of drugs for the reduction of fevered temperature should be only a last resort; but when an antipyretic seems to be indicated, kryofine may be relied upon as an efficient and comparatively safe remedy.

I do not hesitate to give the drug to children, and find it very beneficial in relieving the nervousness and restlessness accompanying many infantile diseases, in these cases kryofine in small doses frequently acting as a hypnotic.

In various patients—and with special frequency in the case of women bordering on neurasthenia, as the result of overwork, and suffering from headache and insomnia—I have found that a full dose of kryofine

given for the relief of pain has been quickly followed by the desired result, and has, moreover, quieted the nervous system, enabling the sufferer to procure a good night's rest.

In a few instances it has appeared to me that the drug served as a valuable synergist to the anti-rheumatic remedies employed in the treatment of acute articular rheumatism.

To relieve the pain and disagreeable symptoms of tonsillitis and rheumatic pharyngitis kryofine is remarkably efficacious.

Not long since I employed the remedy with peculiarly favorable results in a case of erythema nodosum, associated with rheumatoid pains. In addition to eight grains of kryofine, however, given three times a day, the following pill was prescribed:

R Potassii carbonatis.
 Pulveris ferri sulphatis exsiccati..
aa gr. xxx
 Quininæ sulphatis.....gr. xl.
 Pulveris extracti nucis vomicæ.gr. v
 M. et disp. in caps. No. XX.

Sig.—One pill three times a day.

In my judgment neither kryofine nor any member of the antipyretic group should be given in repeated doses in low fevers or to patients suffering from advanced tuberculosis, fatty or markedly dilated heart, or blood disorders, such as pernicious anæmia, leukæmia, etc.

The dose of kryofine varies from four to ten grains, the average dose being six or seven grains.

The drug may be prescribed in powders, in capsules loosely packed, or in alcoholic solution. It may be dissolved in whisky, brandy, or in an alcoholic solution added to glycerine and some aromatic syrup or elixir. It should never be administered in the form of compressed tablets, since they are not easily dissolved—indeed, I have known tablets of kryofine, as well as of various other drugs, to pass from the bowels unchanged.

In conclusion, I would state that kryofine is purely a symptom medicine, being of no value in removing the cause, but acting only to relieve some symptom of disease—such as pain, pyrexia, etc. The chief benefit of the drug, therefore, is evidently apparent in acute conditions, which, if not complicated, are self-limiting, although pain

and pyrexia, whether accompaniments of chronic or acute diseases, usually yield readily to the influence of this remedy.

Kryofine certainly possesses the advantages of safety, prompt and efficient action, tastelessness and facility of administration. The drug should claim high rank among analgesics and antipyretics, and, while I have given in this paper only the results of individual experience, there are doubtless many disorders here unmentioned for which the physician may successfully employ kryofine, alike to the great relief of his patients and to his own satisfaction.

A Study on Water.*

By Dr. J. HUND, Eau Claire, Wis.

Gentlemen:—It seems strange that water, an element so powerful for good or evil, an element constituting two-thirds of the whole universe, a constituent so essential in every particular to life, should be yet looked upon with contempt and often ignored by a profession whose aim and avocation is devoted to life.

As scientists you cannot deny the perception that water is the *sine qua non* of the creation; you cannot deny that all natural phenomena, all the striking manifestations of the universe are absolutely impossible without water.

You know that all the brilliant results and achievements of our ardent labors, of our researches and investigations are dependent upon water. Light itself, the great powerful force, the very identity of life, can only exist through the agency of water. Take water away, and your electric spark will refuse to leave its vale of darkness. Take water away, and all is night and darkness and death. Old Sol himself can only reign in peace through fields of water. Take water away, deprive Old Sol of his divine pleasure of taking his morning bath on high, and instead of his kindly light he will send down his fiery steeds, uncontrolled phaeton's reins, and after one furious heat a speck of dross is all that will remain of our globe.

This you know as general scientists. Moreover, as physicians and students of the human body, you know that it itself is com-

posed of 60 per cent of water. You know, and even the specialist knows, that without water the most perfect organ of our body, the eye, would lose its luster and collapse to an unsightly dead matter. Take away water and our whole anatomy will wither to a small heap of brittle débris. May you please, gentlemen, accept these preliminary remarks as my apology for coming before you to-day, and to offer a plea in behalf of my innocent client, water, as strong as my limited capacity will permit, and to invite you to a study on water. As a matter of course, we will confine our study to the field of our profession, and consider water only in its bearing upon health and disease, trying to find if water is entitled to a place among the many agents which prevent disease and restore health. In other words, we will talk about the so-called "Water Cure"—in medical phraseology, Hydrotherapy. We will first try to establish an unimpeachable reputation for our subject by giving a brief history of its past. Next we shall try its merits upon practical results. Third, we will endeavor to show that its fundamental principles are in harmony with physiological ideas. And if I shall not have tired by that time I will add a few remarks for mutual consideration and meditation.

The history of the water cure, i. e., the use of water for the purpose of cooling or cleansing inflamed or wounded parts, is as old as man himself. And if you take the anthropological view, and believe in the evolution theory, you must assume that it is even older than man. We can with certainty assume that the instinct of animals has been always the same, and from this we may infer that animals have in the primitive times, as to-day, hunted up, when wounded, cooling brooks and springs. Moreover, if we carry our observations a little further, we see the three factors of the effect of water clearly demonstrated among many animals, namely, the cleansing of wounds, the cooling of the overheated body, or parts thereof, and finally the rewarming with cold water of the freezing or frozen body. Observe, for an example, the swans or ducks as they come from the warm henhouse and go into the cold water; observe how quickly they dive, first several times under the water (cold douche); then how they rub with their beaks neck, back and belly, and pick and pull their feathers (brisk rubbing);

*Read at the meeting of the Intercounty Medical Society of Northern Wisconsin, held at Eau Claire, Wis., November 9, 1897.

how they then whip the water with their wings, jump and fly up, and take all kinds of exercise (muscular action), and you have a striking analogy to the hydriatic procedure of man. We can then say that hydrotherapy has no historical beginning.

The Israelites were compelled through Mosaic laws to make frequent ablutions. "Go and wash thyself seven times in the Jordan and thy flesh shall be sound again, and you shall be clean." 4 Kings, 5, 10.

According to Professor Dr. Grotefend, who made elaborate studies of the Egyptian hieroglyphics, the Assyro-Babylonians have used water as their principal medicine. Among the Greeks water was used during Herodotus' time. Hippocrates, the Father of Medicine, used cold water for the warming and warm water for the cooling effect. He writes: "The bath is generally more indicated in lung fever than in the eruptive fevers. It alleviates the stitches in the side, favors expectoration, makes respiration easy; it acts soothingly upon the joints and the skin, thereby relieving exhaustion; it is a diureticum."

Asclepiades had the by-name "Cold Water Bather." Anthony Musa cured the Emperor Augustus and the poet, Horace and attained great celebrity. According to the historian Plinius he first used after the warm bath cold applications to give the body tonicity. In his work, "De re Medica," he enumerated and described the cases in which he finds the warm or the cold water or the sweat bath indicated, and in which he used cold frictions. Plinius states that during 600 years there were in Rome no other medical agents known but baths. But now disharmony already crept into the ranks of the medical profession, which finally led to two strongly marked and bitterly opposing factions, the Hydrophileans, i. e., those who used water, and the Hydrophobeans, i. e., those who condemned its use. From this unhealthy condition of the medical fraternity the so-called specialist made its first appearance. We have the Psychrophileans, adherents to the cold, and Thermophileans, adherents to the warm water. The former were subdivided into Psychrosyteans, i. e., those who used the cold water externally, and Psychropoteans, who used it internally. Galen and Celsus were adherents to the original cold water school in which external applications were employed. Oribasius,

360 B. C., devoted in his medical encyclopedia a chapter to the cold water cure, with the title, "Fambris exarcerbatio balneis naturalibus curata" (the cure of high fever through natural baths). Alexander Thralles, 526 A. D., gives, according to Winternitz, a very minute description of the bath, the ablu-tion and the friction. Paul, of Ægina, 634 recommended cold douches against sun-stroke and retention of urine, and the cold bath during the initial stage of fevers.

With the downfall of the Roman Empire Hydrotherapy lost its hold and was only feebly practiced by the Arabians, of whom I mention only Phazes, who, according to Winternitz, used cold water in measles, scarlet fever, small-pox, stomach troubles and other diseases. During the Middle Ages we knew little about the water cure. Not until the last century we observe a scientific progress in the way of systematic methods of Hydrotherapy. Theden, a pupil of Hahn, found the proper use for sprinkling, ablutions, packs and douches in various cases of external ailments. He allowed the water to fall in drops for one-half to one hour from a considerable height upon diseased joints. At the end of the last century Lombard and Percy, two French surgeons of eminence, introduced Hydrotherapy into the practice of military surgery in France, and since then we find among the French surgeons the use of water often mentioned, not seldom exaggerated and in many ways attacked and opposed.

About the middle of our present century Hydrotherapy gained general recognition, and some of the most advanced surgeons, as for instance, v. Langenbeck, v. Bruns, v. Strohmeier, Bush, etc., became its enthusiastic champions and keen defenders. Then came Hebra with its valuable observations of long continued fulbaths. The antiseptic wound treatment, massage and the newer systems of orthopædic surgery and the specialists have combined to drive the water cure from the domain of surgery.

In the second field, in cases of febrile diseases, water has been more fortunate. Floyers' (anno., 1697) written work, inquiring into the right use of the hot, cold and temperate baths in England, was taken up as a challenge by many, and some of his ablest contemporaries in France, Germany, and especially in England, entered the arena and battled bravely and vigorously for the right of water as a medicinal agent. I will

here only mention Smith in France, Hancock in England, Hoffman and J. S. Hahn in Germany. The Hahn brothers deserve the honor of having given us the first scientific and systematic method of applying water in febrile conditions. Soon, however, the water fell into disrepute again through the misuse of some poorly informed and greedy extremists. Those dark shades were mostly cast in the sunny Italy, where a fellow named Todano administered to his fever patients five pounds of ice water every three hours internally, while he applied externally cold compresses constantly. But Sangez reached the climax of his eccentricity when he embedded his patients in snow, covering their bodies with snow up to their mouths, forcing the ice water into their stomachs at the same time. This practice called forth a salutary reaction, and this again took its origin in England, where William Wright, 1786, made his valuable observations in typhoid fever cases, and Jackson, 1793, in yellow fever. After them came Currie. In 1787 he undertook to treat one hundred and fifty-three typhoid fever patients with water alone. His results exceeded his keenest expectations, and he then treated in the same way one hundred scarlet fever cases and found soon many followers. But again an opposing faction, under the leadership of Hildebrand, arose, so that Brand's voice in his treatise of 1861, and with whose theories you are all acquainted, would have been raised in vain had it not struck favorably the ears of the most prominent medical teachers of the German universities, who now honored the good cause and took the liveliest interest in Hydrotherapy. I mention only Liebermeister, Juergensen, Kuechenmeister, Pleniger, Winternitz, Mayer, Ziemssen and Immermann.

The third field of the water cure, its application and use in chronic diseases, was opened by a layman, a common farmer, Vinzenz Priessnitz of Graevenberg, Austria. According to Dr. Runge, director of the sanitarium in Nassau, he is the actual founder of the water cure of to-day. He has originally invented, discovered and perfected, and without ever having heard of Currie or other authors of that school, he has built and formulated a system of his own which serves now as a basis for all hydropathic procedures. He was born July 4 (or October 5), 1799, and died November 28, 1851. He lost his parents while

very young and was taken by his grandfather on a farm. When he was sixteen he saw a cow wounded. A peddler came that way and offered to heal her. He took three small sticks, a gag and a pitcher of water and proceeded with his cure. The grandfather told young Vinzenz to go and see what the peddler was doing. He saw how he dipped the chips in the blood of the cow, murmuring some unintelligible words, washed the wound with water, bandaged the foot and ordered that it be kept moist. This Vinzenz reported, the grandfather purchased the mysterious art for his grandson, which he now practiced according to the peddler's instruction. With time and the extension of his practice he gained knowledge and wisdom, and finally arrived at the conclusion that the whole secret of its cures lies in the water. He then dropped his chips, dropped his magic Latin, and depended wholly upon water. An accident fortified him in his belief in the healing power of water. He had the misfortune to be overrun by a loaded hay wagon and suffered the fracture of two ribs. The attending physician declared that the weakly youth would be crippled forever. Upon this prognosis he was discharged, and Priessnitz took his case in his own hands. He bent himself over a chair, held his breath, thereby bringing the fractured ends in proper apposition, and applied wet towels to his chest, and the result was most satisfactory. From now on he practiced with vigor and devotion, and in 1830 the government gave him permission to open an institution in Graevenberg.

His patients constantly increased, and six years later they numbered a thousand a year. Priessnitz himself became refined and, through contact with educated people, and especially medical men, well informed and educated himself.

In touching upon the practical results of the water cure I am not so vain or presumptive as to herald my own few cases, but refer in general to the many endorsements of the most able men of our century. The material offered by a large number of writers is too overwhelming as to make even mention of the publications indorsing the water cure. I, however, wish to point to the fact that thirteen years after Priessnitz had founded his institutions we count at least eighty similar institutions in Germany, France, England and America alone, and it

is safe to say that they run high up into the hundreds to-day. The most famous institution, according to the number of patients, is the one at Woerishofen, founded and directed up to a few months ago by the celebrated Sebastian Kneipp, pastor of the same place, who has just died a few weeks ago. Kneipp had, in the last years of his life, treated between twenty-five and thirty thousand patients annually. Such a number of patients must of necessity be considered self-evident of great results (for no man can fool all the people all the time). A critic has asserted that Kneipp had cured only 60 per cent of his patients; a greater praise and acknowledgment of his success could not be given; for if we consider the class of patients he treated we may safely say that he has cured just about 60 per cent more than other physicians, for all, or nearly all of his patients, were of a chronic character, who have made the rounds many a time. We also note among his patients physicians of good standing, among them the celebrated professor, Robert Koch. But Kneipp, as well as Priessnitz, were empirics, and although they have built better than they knew, they could not base their treatment upon a theory which could be always sanctioned by physiological truth. Winternitz alone could bring the phenomenal results of the water cure in proper relations to physiological laws and explain the cause and effect and *modus operandi* of the whole in the true light of science; he received the honor of occupying the first chair of Hydropathy which was erected at the University of Vienna, and which he occupies to this day.

We beg leave to give a short account of his theory as laid down by him. Water acts upon the body through its temperature and through its volume; through its volume it has partly chemical and partly mechanical effects, through its temperature it causes expansion and contraction, thereby acting upon the nervous system, the circulation and the various secretions of the body. While the epidermis is almost insensible to any external thermal impression, the connective and sub-cutaneous areolar tissues are expanded by heat and contracted by cold. All life functions, from the single cell to the most highly developed organism, are dependent upon heat and cold. They bring about changes in the nervous system, in the circulation, in the respiratory and muscular

systems, the secretory organs, in the cell life and the caloric household of the body. These impressions are impulsive irritations which are divided into thermal and mechanical impressions. The first cold or warm impression is revived by the nervous system. Impression upon the nerve bulbs creates, partly through force transmission, partly through reflex action, an irritation which is carried to the center, causing along the nerve tracks to and from the center, as in the center itself, changes or alterations of tone. Cold and warm, therefore, the nerve and skin irritants. We consider, then, four kinds of nerve and skin irritations: First, the mechanical; second, the thermal; third, the chemical, and fourth, the electrical.

An irritation is an impression upon the nervous system to which a counteraction responds to an answer. This counteraction (reflex) begins in the nerve ends of the skin, and extends from here over the circulation, the respiration and the caloric condition of the body. This effect is of great importance in the treatment of cases. The effect of this irritation upon the circulation is the contraction of the capillaries nearest the surface, and consequently of the muscular circular fibers of the vessels of the skin. This is the first response, the first answer to the peripheral irritation; a stagnation in those parts takes place; through this peripheral stagnation the blood pressure is increased, and the pressure continues toward the heart, forcing this organ to higher action. A stronger heart's action, then, is the second answer or response. Soon the contraction of the capillaries ceases, and the reaction, a paresis of blood vessels, ensues; the skin, which had a pale and wrinkled appearance, becomes now red, smooth and warm, indicating a return of repulsed blood.

Through the thermal irritation the nerve impressions will be first increased, then decreased, the nerves are quieted and finally paralyzed. This is brought about through overirritation and through the irresistible nerves. The irritation has next its influence upon respiration, as you know, if you ever took a cold bath. First, you hold your breath; next, you take one deep inspiration and then quickly succeeding deep inspirations. You also know that the irritation upon the sensory nerves is, so strong as to restore consciousness. And, lastly, the irritation has a direct effect upon the center of

circulation, the heart, and thereby upon the caloric condition of the body. The pulsations of the heart are first more rapid, then slower and more forcible; arterial tension will increase.

Lastly, irritation has its influence upon the tissue changes. It is plain and needs no explanation that an increased circulatory action will be followed by an increased activity of tissue changes. Rest and activity are powerful factors in all organisms upon which tissue metamorphosis depends logically.

This is very briefly and condensely the theory of Winternitz, and against which no objection can be raised. Now as to our morals of this paper: If hydrotherapy has had such a long and honorable history, and if it is and has been great in practical results, if its fundamental principles are in harmony with sound physiology, how does it come that so many physicians are opposed, or at least indifferent, to it? We enumerate a few reasons: First, the fact that laymen and often quacks and charlatans took up its cause in fierce opposition to the medical profession, heaping slander and abuse upon the latter; next, the difficulty of practicing hydrotherapy on account of the prejudice of the people, arising from inconveniences and unpleasantnesses of application; next, inconvenience to write prescriptions and a lack of water druggists,

that is, such as will carry out the instructions and make the proper applications; and last, but not least, the specialists and the tendency to specialists as a means of getting better fees.

Allow me to suggest to my confrères, I mean the family physicians, that they should prefer to bring a sacrifice for the benefit of the water cure, and their patient's safeguard, rather than for the many and various specialists, special general practitioners, and all that vermin that is fast undermining your once honorable and lucrative position. God and you know that you are soon a thing of the past, and in parody to the remarks of Iron Bull, at the inauguration of the Pacific Railroad, years ago, where he says, "Where the steam horse puffs there is room no more for the Indian and his pony," you may say, "Where the specialist puffs and blows and shouts and screams there is no room for the family physician and his kindly ways." Do, then, the last kind act to humanity; bring the sacrifice, if a sacrifice it must be; save your patients from the greedy hands of the so-called specialists, those monomaniacs of blood and iron, and give your patients water; give your mind to water, study its effect in health and disease, and your regard will come, for, as Goethe says, "He who does right and waits, his time will come."

ABSTRACT.

Social and Professional Visits.

The young man entering practice is often in a predicament and has hard work to make fine distinctions. One of his difficulties is in knowing how and when to make friends of his patients and patients of his friends. An older physician once said that for every friend made by a young man two patients were lost.

There is no doubt that the familiarity which springs from a close acquaintanceship between physician and friend soon begets a certain amount of contempt, and in too many cases the physician does better to hold himself aloof from too close communion with possible patients. The dangers of making friends of patients is also emphasized when the visit, which is on the dangerous borderland between social and professional, is viewed from different sides by patient and physician.

A physician goes to see a sick one, be it man, woman or child, and he is asked to remain, perhaps to spend the evening or to take a meal. That is the fatal step. As soon as he begins to drop in in a familiar way, to ask a few questions and make a few suggestions, and then remain for a social talk, just so soon is his position as family physician in jeopardy. Of course, there are exceptions to this statement, when the physician has reached the age of extreme maturity, and then comes the difficulty of turning him off when the family likes him as a friend, but feels that as a physician a better man might be found. When the time for rendering bills comes around then the position of both parties is usually clearly defined.

A young physician in New York State has just brought suit against a fair patient for a bill for services, which she maintains

she does not owe, as so many of the visits were of a social nature. By bringing suit the physician made clear his position and found an enemy in his fair patient, and being in a small place he probably hurt himself more than the amount of the bill, while the patient was taught the lesson that good services may be rendered, even though harmless talk and persiflage be mingled with the good advice. Still, such combinations are rather dangerous, and physicians especially are much more appreciated if they have little to say and refuse to converse on medical topics before a general audience or take up social chit-chat on an equality with the patient during a professional visit.—*Maryland Med. Jour.*

The Antiseptic Question.

Dr. F. W. Searle, in a lengthy, but excellent article on the above subject, concludes as follows:

In approaching the subject of the medical treatment of germ diseases, we are obliged to confess at the outset that measures at our command are ineffectual either to prevent the bacteria entering the body, or to destroy them after they have gained a foothold. To many physicians this confession of a lack of any safe internal germicide seems to settle the whole question. But though, as practitioners, we are restricted to measures which will make the soil unfavorable for bacteria, or which will remove them and their products from their habitat, or which will render ptomaines and other poisons produced more or less innocuous, are we also justified in folding our hands and sitting like patience on a monument, in a green and yellow melancholy, because, forsooth, the microbe seems to have the best of us in one particular?

If it be true that the soil factor is a very important part of the causation of germ diseases, and if whatever increases the strength and vigor of the patient adds to the resisting power which the cells possess against the ravages of every disease, then, in its widest sense, antiseptics include almost all the resources of medical science. If we possess no drug which will safely kill the germ in its habitat, clinical experience in the treatment of typhoid fever, of dysentery and of the bowel diseases of children has furnished ample evidence that we do possess drugs which will render the habitat unfavorable for the microbe to do its

work, and which will counteract the influence of the ptomaines and other poisons which germs produce. In evacuants we have remedies which will sweep away the toxic products of germ activity and which probably have some effect to carry the germs themselves out of the body. Such drugs, properly used, may be classed, in our view of the subject, as antiseptic drugs, as may also all those which tend in any way to improve the condition of the patient, and so increase the resisting power of the tissues. Furthermore, the term antiseptic measures may be made to include all the resources of dietetics, of sanitation, of hygiene and therapeutics, because all these resources, properly applied, may be made a means to render the soil unfit for the germ's abode and its life-work.

If, therefore, all the resources of medicine are backing the physician in his fight for supremacy over germ diseases, why should we despair of the work we are now doing, or why should we not hope, by honest effort, to accomplish much more in the future?—*Phil. Med. Jour.*

Cerebral Symptoms of Pneumonia.

Prof. Osler, in a clinic at the Johns Hopkins Hospital, made the following points, among many others, according to the *Maryland Med. Jour.* report:

You have already been impressed with the fact that even in the gravest forms of pneumonia the mind may remain clear to the very last.

From the very outset the nervous features may so dominate the scene that the local lesion is apt to be overlooked. I think we may group these cases as follows:

First, the so-called cerebral pneumonia of children, in which the disease sets in with a convulsion, and there are high fever, headache, delirium, great irritability, muscular tremor and, perhaps, retraction of the head and neck. The diagnosis of meningitis is almost invariably made and the local affection may be overlooked.

Secondly, cases in which the disease sets in with acute mania. In hospital practice we frequently see the pulmonary features masked in those of delirium tremens, and you are certain to be led into error unless you make it an invariable rule to examine with scrupulous care the chest in such cases. It is remarkable with what abruptness the

symptoms may develop, and the delirium may have an intensity and severity unequaled by that seen in any other disease. The diagnosis of acute mania or acute meningitis is usually made and the true condition may not be recognized for several days.

Thirdly, cases with toxic features resembling rather those of uremia. Without a chill and without cough or pain in the side the patient may develop fever, a little shortness of breath, and then gradually grow dull, heavy, and within three days there may be a condition of profound toxemia, with low, muttering delirium.

Even in the most critical of these cerebral cases, the crisis and the onset of convalescence may occur in the ordinary way, and the patient may pass from a state of extreme hazard to the condition in which you see this woman today—one of perfect safety.

Pain in Otitis.

Dr. George H. Powers, Professor of Ophthalmology and Otology in the University of California, San Francisco, in an article in "The Medical News," writes as follows, in reference to the treatment of pain in otitis: "At my first visit I found a copious discharge of bloody serum from the ear with hardly a trace of pus. He suffered from severe cephalalgia, but there was no special tenderness in or about the ear, and no swelling. Thorough cleansing of the meatus with dry cotton relieved the pain in the head remarkably, and with a dose of antikamnia, 10 grains, he slept some hours."

Rocky Mountain Views.

Set of six beautiful Albertype views of Rocky Mountain scenery, including Castle Gate, Royal Gorge, Garden of the Gods, Summit of Pike's Peak, Glenwood Springs, etc., on 11x14 paper, with wide margins, suitable for framing, sent to any address, postpaid, upon receipt of fifty cents by F. A. Wadleigh, G. P. A., Rio Grande Western Railway, Salt Lake City.

School Inspection.

There is excellent food for thought in the report from Boston that the system of school inspection by medical men has proven a pronounced success. The city is

districted and each district placed under the care of a competent medical man, paid a small salary. His business is to visit the schools each day at request of the teachers or principles and examine children who seem to be in poor health. He is not allowed to treat or even advise treatment, but can refer the child to the parents, notifying them that it is too sick to attend school. In this way tuberculosis, syphilis, itch, phthiriasis, impetigo, measles, diphtheria, etc., are found at once, and the infection of our healthy children prevented. It is a good plan; and where so many are gathered together, as in our crowded schools, almost a necessity.—K. C. Med. Index.

Treatment of Furuncles.

Dr. Ohmann-Dumesnil in a recent number of the "Tri-State Medical Journal," gives us these very practical points in this frequent and oftentimes annoying condition.

The treatment of furuncle should be both general and local. Depletion of the entire digestive tract should be established, and this would be best accomplished by a mercurial purge, followed by a saline. This, however, is not sufficient, by any means. A course of treatment calculated to overcome the tendency to suppuration and the further formation of furuncles must be adopted. Sulphide of calcium has been looked upon as a specific for this purpose, and it has acted well in some cases, for which reason it was highly lauded. Many observers have failed to obtain the good results claimed by others, so that this remedy cannot be looked upon as the unfailing specific which it was claimed to be in all local suppurative processes. The doses which have been recommended vary from one-sixth of a grain every two hours to two grains three times a day, in pill form. I have had good results in furunculosis, not only during the existence of the trouble, but by a persistence in its use, for the prevention of its recurrence, in the use of arsenauo. It is easily taken, occasions no gastric disturbance, and produces quite marked results. The dose to be given varies from eight to fifteen drops in water, three times a day, after meals. No claim is made for it as a specific, but still much dependence may be placed upon it, and good results obtained from its use.

Locally, prompt evacuation of the lesions

is necessary, as well as the withdrawal of all "cores." If the furuncles have not yet reached the suppurative stage, scarifying freely and deeply will relieve the tension, and suppuration then can be prevented by proper antiseptic dressings. When the pus has been evacuated, the lesion should be washed out with peroxide of hydrogen, and then dusted with campho-phénique powder and covered with gauze. In case some undeveloped furuncles are scarified, and suppurating ones emptied, a good dressing to apply for the use of the peroxide of hydrogen is the following:

R Pulv. campho-phénique3j
Ung. aquæ rosæ.....3j

M.

Or a five per cent. carbolic acid ointment may be employed. In all cases the dressings should be repeated daily.

Constant care is necessary, and watchfulness exercised. If the vital forces become depressed, it may be necessary to stimulate the patient; and for this purpose vin mariani has no superior. Under the treatment outlined, not only will a good recovery ensue, but there will remain no disfiguring scars.

Intestinal Indigestion.

Dr. A. M. Ritter of Milo, Ohio, January 29, 1898, writes: I wish to speak especially of the merits of Papine as an analgesic and sedative. I have had success with it when all other remedies of like character had failed. One case in particular of intestinal indigestion, in a child twelve months old, attended with a great amount of pain, and extreme nervousness, and insomnia. The remedy worked like a charm in relieving pain and giving rest. The remedy was given in five-drop doses to begin with, as required, to give rest and relieve pain. Papine was used in this case for at least six months, in increasing doses, without doing the least harm. It has been now three months since Papine has been discontinued, and the child is in perfect health. I consider Papine one of our most valuable remedies as a pain reliever and nerve sedative in well-selected cases.

Chronic Laryngitis Some of Its Chief Causes.

Dr. J. F. Woodward, in the "North Carolina Med. Jour.," says:

Chronic laryngitis is a chronic inflammation of the mucous membrane of the

larynx, very common, and most frequently seen in adults; generally secondary to some acute inflammation, the remote expression of some primary laryngeal irritation whose persistence is but the first fruit of an endless chain of conditions, the logical result of an abnormal state of the upper air passages. As the wind blows from land or water, so is the climate of that locality. Laryngitis is insidious in its onset and indefinite in its limitations; characterized by hoarseness, tendency to clear the throat, and constant tickling, as if some foreign body was in the way, unexpected expulsion of tough balls of mucus, sluggish movement of the vocal cords, with occasionally unilateral paresis, fatigue of the throat during and after talking or singing, voice worse in the morning but better after using it, more or less redness of membranes, with mild or decided swelling of parts, seldom ulcers, pain or fever, and in many cases an irritant cough.

Having questioned my patients very closely in the last few years, as to when they first began to notice that their throats were becoming affected, none of them could give a definite date, but referred to a period when they had head colds and stuffy sensations in their heads, and later on a consciousness of throat trouble, a sense of fullness and tickling, with a desire to swallow or clear away something, or get rid of a dripping from the vault of the pharynx. Many of them followed this sequence—nose trouble, fullness in the ear or ears, and then irritation of the larynx. In some cases there was a sense of dryness instead of hyper-secretions. They could all recall a time when they had colds and nose trouble. There are many inherited tendencies and physical conditions that render acute laryngitis liable to take on a chronic state, yet the recuperative power of the larynx is very active unless aggravated by morbid environments.

Lately, I have had some very interesting cases that have so impressed me that I feel as if a healthy upper air-passage would generally mean a healthy larynx.

Etiology, as commonly noted in textbooks, consists of phthisis, syphilis, cancer, lupus, polypoid growths, alcohol, tobacco, the exanthemata, inhalations of irritant particles of dust, metal, drugs, overuse of the voice, and nasal disorders. The latter merely referred to without saying much to

qualify their prominence as factors in producing or abetting a chronic state of the larynx. On the contrary, I look upon disorders of the nose and the naso-pharynx as the chief and primal causes, and when they do not originate they stimulate this condition of the larynx. Tobacco-smoking except cigarette inhaling, which I most heartily condemn, and alcohol, play no special part in these cases outside of the fact that an excess may irritate and aggravate a throat that is already diseased, and lessen to some extent the chances of a complete cure. Irritant drugs and metals will irritate the nose and naso-pharynx as well. The other causes referred to seldom appear as a cause of a true chronic laryngitis in my practice.

Given, then, a larynx with its delicate mucous membrane, and its full supply of squamous epithelium over the artenoid and vocal bands, closely allied to the cutaneous substance (Virchow), with a few glands (in the arytenoid and vocal bands), and full supply of blood vessels, a ready tendency of this epithelium to take on epithelial changes, and the connective tissue ready to hypertrophy, with an acute inflammation or irritation from any of the causes mentioned above, is it not most natural for this state to be converted into a chronic condition from the effects of half-heated air, proximity of a congested pharynx, a constant dripping of disorganized mucus from the vault of the pharynx and the hyperæmia, consequent upon the constant effort to clean the larynx?

Yet I cannot fully agree that the most of these cases where enlargements occur are the pachydermia of Virchow, or the quasi-tumors of Tissiers. It is indeed an enlargement, and hypertrophy will occur elsewhere if the mucous membrane is irritated and hyperæmic. That hypertrophic and hyperlastic conditions are conducive to the more prompt establishment of benign and malignant tumors I agree, inasmuch as the larynx is prone to take on such changes.

1. Air respired through the nostrils is brought nearly to the temperature of the blood.

2. Dry air becomes saturated with moisture.

3. Exchange of gases in the air and in the blood of the mucous membrane takes place.

The air current, as suggested by Kayser

and Paulsen, hugs the septum and passes up over the inferior turbinate, making a semi-circle before passing into the larynx. This is important to remember, but not essential. As all of the water in a river does not run in the channel, so with the air current. It is the total mucous surface that is presented by the nose and accessory cavities that supplies the proper amount of heat. The hypertrophies and obstructions that damage and render the air irritant to the mucous membrane of probably an already inflamed larynx. Therefore, you can see how fast riding on a bicycle is detrimental to those suffering with any form of laryngitis. I have treated several cases of bicycle laryngitis lately. This should be remembered, especially by those who ride daily through crowded streets—keep the mouth shut and breathe through the nostrils as nature intended.

Indications for Hysterectomy.

The following indications are suggested by Dr. John Hamans (Medical Standard):

1. Intractable, often recurring hemorrhage, without discovered fibroid or malignant disease, when all the usual remedies have been tried, and curetting has been done every few weeks without permanent success. Clinical reasons prevail over histological, and practical over theoretical.

2. In all kinds of malignant disease, when the operation is possible without permanent injury to the bladder or bowels, even if there is little hope of permanent cure. The hemorrhage may be stopped, and there is less subsequent pain and discomfort than when the disease is left to run its natural course.

3. (a) In a case of fibroid tumor which causes much discomfort or (b) threatens death by hemorrhage (and it sometimes not only threatens, but causes it as suddenly as does a pulmonary hemorrhage). (c) Because it may increase and become too burdensome to allow life to be worth living. (d) Because it may develop a cancerous character. (e) Because by pressure on the abdominal organs it may destroy life. (f) Because it may become cystic and thoroughly adherent. The author does not mean fibroids with diluted lymph spaces, but fibroids with cysts as clear and distinct as those of ovarian tumors. (g) Because it may be an ever-present anxiety. (h) Because it may cause edema of one or both extremities and phlebitis, to be fol-

lowed, perhaps, by the passage of an embolus into the circulation, causing death by cardiac, renal, pulmonary or hepatic disease. (i) Because it may become twisted with the uterus as a pedicle, and must be removed immediately to save life. (j) Because a very sensitive single woman, in good health and active, demands its removal on account of the disfigurement it causes. (k) Because the operation to-day in experienced hands is almost uniformly successful.

4. In case of uncontrollable, complete prelapse, particularly after the menopause, when pessaries and all the usual operations for holding up the uterus have been tried and found useless.

5. In case of incurable chronic inversion.

6. In case of infection, when the removal of the Fallopian tubes affected with salpingitis has not cured the patient.

7. To cure puerperal sepsis where the diagnosis is as certain as it can be.—K. C. Med. Rec.

Diphtheria and Diphtheritic Sore Throat.

"Campho-Phénique, in the form of a spray, is superior to all other remedies."—Drs. Collingham and Melton, Aurora, Mo. "I find Campho-Phénique remarkably effective in diphtheria and diphtheritic sore throat, used as a spray."—Dr. L. A. Roth, Springs Forge, Pa. "Campho-Phénique, well diluted and used as a spray, has great energy and effect in diphtheritic sore throat."—F. H. Lutterbeck, Anthony, N. M. "I have met with such excellent results with it in the treatment of diphtheria that I would not undertake to treat a case without it. My formula is: Campho-Phénique, two parts; water, two parts; mistura accaciæ, four parts. Suspend the Campho-Phénique in the mixture and apply with a probang."—Dr. John E. Pritchard, No. 1010 Chesapeake street, Baltimore, Md.

The Medical Society of the Missouri Valley.

The Medical Society of the Missouri Valley will meet at Red Oak, Ia., March 17, 1898. D. F. W. Porterfield, of Atlantic, Ia., is president. The following excellent list of papers are expected to be presented: "The Treatment of Lobar Pneumonia," Dr. A. E. King, Blockton, Ia.; "Pregnancy Complicated by Closure of the Hymen, Nephritis and Separation of Placenta," Dr. Carl Engel, Council Bluffs, Ia.; "The Wo-

man Physician a Permanent Fixture," Dr. Minda A. McLintock, Glenwood, Ia.; "Some Thoughts Relating to the Etiology of Disease," Dr. W. J. Findley, Atlantic, Ia.; "The Schleich Solution," Dr. R. M. Stone, Omaha, Neb.; "Normal Salt Solution in Medicine and Surgery," Dr. Palmer Findley, Chicago; "Preparation of the Patient for Operation," Dr. B. B. Davis, Omaha; "Abortion; Its Causation and Treatment," Dr. J. W. Huffman, Prescott, Ia.; "The Present State of the Surgical Treatment of Posterior Angular Spinal Curvature by Cabot's Method," Dr. A. F. Jonas, Omaha; "Extra-uterine Pregnancy," Dr. W. O. Henry, Omaha; "Some Thoughts on Angina Pectoris," Dr. Donald Macrae, Council Bluffs; "A Foetal Monstrosity; A Case," Dr. Inez C. Philbrick, Lincoln, Neb.; "The Nature and Cause of Trachoma," Dr. H. Gifford, Omaha; "Complete Hysterectomy, Abdominal Method; Vaginal Drainage," Dr. D. H. Killingsworth, Tingley, Ia.; "Peritoneal Inflammation and Its Sequelæ," Dr. C. E. Ruth, Keokuk; "Intussusception," Dr. H. M. McClanahan, Omaha; "Maternal Impressions," Dr. T. L. Puaman, Shenandoah, Ia.

The meetings of this society are always full of interest and well attended by the best men in that section. In this instance the president and his efficient secretary, Dr. McCrae, have fairly outdid themselves.

The Medical Excursion in June to Denver and Salt Lake City.

The American Medical Association meets at Denver, June 7th to 10th. One of the features of the gathering will be an excursion from Denver to Salt Lake City and return via the D. & R. G., Colorado Midland and Rio Grande Western Railways, through the "Heart of the Rockies," furnishing a splendid opportunity to view the most magnificent scenery on the American continent. Salt Lake City is an ideal summer resort, and the bathing at Saltair in the Great Salt Lake—inland salt sea, nearly a mile above the sea level—is superb in June. There are more attractions in and about Salt Lake City than any place in the world. Later notice will appear in this publication, giving rates for this excursion and all details. In the meantime send to F. A. Wadleigh, G. P. A., Rio Grande Western Railway, Salt Lake City, for copy of pamphlet on Salt Lake City and the Rocky Mountains.

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THE CLAIMS OF DEATH.

The past few months have been unusually fatal to the list of prominent names in our profession. While there are many whose heads have for years worn the silver crown of honor, and whose demise, while it would have saddened our hearts, it would not have been so much of a sad surprise to have seen these veterans laying down their armour, for they have in many instances filled out more than the "allotted time."

Among those referred to above we call to mind Dr. Jos. O'Dwyer of New York, the inventor of intubation. Few men in modern times, in or out of the profession, have achieved so much, both in reputation and real good for humanity, by a single act or suggestion, as did this man. Had he possessed the aggressive advertising ability of some of his Chicago followers, he might have profited more than he did financially, but he certainly could have added nothing to the honor in which his name is and will be ever held.

Sir Richard Quain, Bart., Physician Extraordinary to Her Majesty, President of the General Medical Council and editor of "The Dictionary of Medicine," died last month. He was born October 30, 1816, was a fellow of several learned societies and the author of numerous medical and scientific works.

Jules Emile Pean, the eminent surgeon of France, has also joined the silent majority. He has practiced surgery in Paris continuously for almost half a century. His clinics have been visited by almost every surgeon of the world who has traveled in France.

Dr. Edward C. Seguin, of New York, died February 19. In his death the profession has lost one of the most brilliant nervous specialists of the country. He was born in Paris in 1843, and graduated from the College of Physicians and Surgeons of New York in 1864.

Dr. Zakharin, the late czar's favorite physician, who recently died, started life as a humble butcher's boy. Turning his attention to medicine, he soon attracted the notice of his sovereign, and, becoming the best known doctor in Russia before middle age, had secured a handsome competency.

Dr. Theophilus Parvin, the eminent professor of obstetrics in Jefferson Medical College, Philadelphia, died in that city January 29, of cardiac asthma. His popular work on his specialty will long remain as a standard text-book, and will be a monument to his genius and progressiveness. This specialty has lost two other prominent names in a short time by the death of Prof. Lusk and the retirement of Dr. Playfair.

Dr. Louis Crusius, the artist-physician of St. Louis, died January 2, at his home in that city. He was known to every physician

in the country by his skeleton sketches sent out by the Antikamnia Company. He was the author of "Funnybone" and other humorous sketches. He possessed a peculiar and remarkable talent for caricaturing medical subjects.

Dr. G. C. Paoli, one of Chicago's oldest and most prominent physicians, died, January 29, of a complication of diseases. He was perhaps the oldest of those whose names we notice.

Dr. Ernest A. Hart, editor of the "British Medical Journal," died January 7, at the age of 62, from the remote results of diabetes, which had previously led to the amputation of a foot. Dr. Hart, while not especially esteemed by some of the fraternity on this side of the water, was nevertheless a man of strong personality. He possessed unusual business capacity, and he has left an imperishable impress of his attainments in the "Journal" itself.

INFAMOUS LEGISLATION.

It is with no slight satisfaction that the Clinic congratulates its readers with the fact that the infamous Loud bill, recently before Congress, has been defeated. As perhaps most of our readers know, this bill proposed to increase the postage on certain publications, which now come under pound rates as second-class matter. It furthermore prohibited "sample copies" in all publications similar to the Clinic. This would of itself have been a fatal blow to many of the smaller medical journals, as it is the only practical channel through which new subscribers can be secured. It would also have prohibited any magazine or periodical offering club rates with any other publication. Mailing would have had to be done to each state separately by

the publisher, instead of by the postmaster, and it was in many other ways a most odious piece of attempted class legislation.

Just who was the inspirer of the idea we cannot say, but it is to be hoped that this attempt has induced in him a galloping attack of bulbar neuron paresis, as our alienist friends might say. The impression is about, however, that it was a move on the part of the publishers' trust to obliterate some of the "small fry;" if so it was a signal failure. C.

WOMEN SMOKING.

That the women of the cities have taken up, to a certain extent, the fad of smoking must be admitted. It is, nevertheless, a deplorable and unfortunate fact. The fad, as many other more or less detestable ones, has come to us across the water, and perhaps for this very reason has found favor in certain parts of American society. Then, too, the fact of its being somewhat "manish," or because it was tabooed by the mandates of polite society generally, has led many a young lady to try it a few times, either from curiosity or in derision of the powers of habit. Becoming once "the proper thing," however, the light-hearted, and still lighter brained, votaries of fashion needed no further excuse or inducement to join the smoking ranks.

The argument that women have as much business smoking as men has but little, if any, merit. In a strictly moral sense they may have, but physically they most emphatically have not.

When we consider the much more sensitive temperament of woman, and her more delicate and refined constitution, all so highly susceptible to the effects of either stimulants or depressants, we find a very

sufficient reason for saying that women should not smoke.

Ordinarily society women will do almost anything in order to beautify and make themselves more attractive; but in this case they have begun doing that which will ruin their complexion, disarrange their digestion and other functions, and thus preclude the possibility of beauty, even with cosmetic, powder and paint. The naturally and really beautiful woman is almost necessarily a healthy one, but the combination is an impossibility in the cigarette fiend.

The physician in so-called high life may wink at the smoking set seen in my lady's boudoir, but it will not relieve him of the responsibility of at least a warning to the victim of this growing form of intemperance among those members of the "smart set" whose health conservator he is presumed to be. Fortunate it is that the pernicious fad is limited to the class it is, for, as Sam Jones says, "Turn from the error of your ways and quit your cussedness, or the devil will get you sure; but, thank God for one thing, he won't get much."

C.

SPRING FEVER.

This nondescript and more or less indefinite condition is about to swoop down upon us and our patients. The condition has become such a popular one that the lay mind accepts its appearance as one of the pathognomonic evidences of nature's vernal awaking. Even before the wild fowl and birds come flocking, or the first spears of grass or buds appear, there comes to us the "spring tonic" patient. We sometimes make light of the matter, and perhaps give a general tonic or even a placebo, feeling within ourselves that, in reality, a few days'

warm weather will serve more to relieve our patient than will our prescription.

But candidly, now, is there not good and sufficient reason for so prevalent a condition of lassitude, and quite serious enough possibilities in these cases to demand our careful attention and an exacting and scrupulous diagnosis?

This condition does not always arise from a simple change of average temperature, neither is it universally attributable to "biliousness," nor in every case to a relaxation of the nervous system. These causes may be acting, but there may be others, or a combination of any or all of them, and if we are loyal to our trust and sincere conservators of the health of our patients, we cannot afford to slight, in diagnosis or prescription, the victim of "spring fever."

The condition is not one of laziness, as a rule, for we frequently find it in our hardest worked patients; nor is it confined to those of nervous or bilious temperament only. But when it is found to be due to one of these latter causes follow the rule of the sanitary officer, and of nature herself, and flush the systematic sewers with pure water in sufficient quantity, accompanied with moderate doses of saline laxatives, and in a few days give a mild tonic of strychnia and gentian or cinchona.

However, be sure that you are not dealing with an impacted colon, or uræmic poisoning, a chronic gastritis, a neurasthenia, a chronic follicular tonsilitis, an astigmatism, or many an other condition which might be present. In short, it is but a repetition of the old medical adage, "As you are exacting in your diagnosis you will be successful in your treatment."

C.

ITEMS.

Selling the country's honor is not the right kind of cool-headedness.

The forty-seventh annual meeting of the Iowa State Medical Society will meet in Des Moines, Ia., May 18, 19 and 20, 1898.

There is to be added to the Berlin Institute for Infectious Diseases, of which Robert Koch is director, a department for hydrophobia.

In Berlin physicians will have opportunity to attend free courses, in which they shall be instructed in laws relating to the profession and its practice.

A special dispatch from Rio de Janeiro says that Dr. Sanarelli has decided to keep secret the discovery of his method of curing yellow fever with his serum.

The Vermont State Board of Health has recently established a bacteriological laboratory in which bacteriological diagnoses will be made free of charge for physicians of that state.

Twenty-four states in the United States now require examination for license to practice medicine. In thirteen states certain diplomas are considered the equivalent; in six states a diploma only is required.

"Mamma," said little Clara, as she held a flower to her mother's nose, "does dis posy 'mell dood?" "Yes, dear," was the reply; "can't you smell it?" "No, I tan't," answered the little miss; "I dess my nose is deaf."

The American Medico-Psychological Association will hold its fifty-fourth annual meeting in St. Louis, Mo., May 10-13. Arrangements have been made by the committee for the accommodation of members at the Southern Hotel.

Dr. John Parker Maynard, the discoverer of collodion, has just died at Dedham, Mass., where he had been a leading physician for many years. While a medical student he began the experiments which ended so triumphantly. His object was the application of collodion to surgical operations, and when success was demonstrated in 1847 Dr. Maynard, like a true scientific enthusiast, gave his secret to the medical profession. He died at the age of 81.

In the Crimean war 63.5 per cent. of the amputations proved fatal. Antiseptic surgery has reduced the fatality so that in our Civil War only 48.1 per cent proved fatal, and in the year 1890 the mortality had been reduced to 6.9 per cent.

Not every joint which is red, swollen, painful and accompanied by fever contains pus. Beware of opening an articulation affected by acute rheumatism, and remember that rheumatism may attack periarticular tissues, tendons, etc., as well as joints.—Railway Surgeon.

In Paris the physicians have sufficient sense of the proper mutual protection which is their right to publish a "black book," containing the names of would-be swindlers, and to refuse attendance upon those who treat medical men disgracefully.—Recorder.

Members of the American Medical Association who intend competing for the medal offered by Dr. Nicholas Senn for the best essay on some surgical subject are requested to forward their essays, which should be typewritten, to Dr. J. McFadden, Gaston, Atlanta, Ga., immediately.

"Polk's Medical and Surgical Register of the United States and Canada" is now undergoing its fifth revision. Physicians who have not given their names to the canvassers are urged to report to headquarters at once, giving full information. Address R. L. Polk & Co., Detroit, Mich.

Medical colleges in the state of Pennsylvania must now file a bond of \$1,000 in the court of common pleas as a guarantee that they will not dissect any human bodies except those that come to them through the regularly appointed legal channels. This bond is forfeited if they are discovered using any other bodies.

Chemical food is a mixture of phosphoric acid and phosphates, the value of which physicians seem to have lost sight of to some extent, in the past few years. The Robinson-Pettet Co., to whose advertisement (on page ii) we refer our readers, have placed upon the market a much improved form of this compound, "Robinson's Phosphoric Elixir." Its superiority consists in its uniform composition and high degree of palatability.

The Illinois State Board of Health announces that as a minimum requirement for graduation after 1900 four full college years in medical studies will be necessary. Diplomas issued by colleges in good standing in 1898-99, showing three full courses of attendance on lectures, will be recognized.

Miss Margaret Long, the second daughter of the Secretary of the Navy, has just passed a brilliant examination and matriculated in the senior class of the medical school of Johns Hopkins University in Baltimore. She intends to continue her studies in this institution until she is prepared to practice medicine in Boston.

The Indian government has formulated an important scheme for the sanitary reformation of Bombay City. The control of government and municipal lands will be vested in a nominated body, which will be empowered to lay new streets through crowded localities and to erect dwellings at low rents for the poor. The scheme involves an addition to the municipal rates of not more than 2 per cent.

Our state and local boards of health have in the past done much good work in the interests of sanitary sciences, and the line of work mapped out for the future is an encouraging indication that still further good will result from their continued efforts. There are two things, however, which we do think should receive more attention than they have. We refer to the exposure of meats, vegetables and fruits, and the inspection of the passenger coaches on the railroads.

The Chicago Association of Life Insurance Examiners, at the meeting last month, discussed the subject of "Syphilis and Its Relations to Life Insurance." There was a large attendance and an animated discussion of the paper read by Prof. Hyde.

Officers for the year were elected and a constitution and by-laws adopted. Dr. J. H. Stowell was elected president, Dr. A. H. Brumback secretary, and Dr. W. T. Belfield treasurer.

The next meeting will be held in conjunction with the Chicago Medical Society, at which time "Heredity" will be discussed.

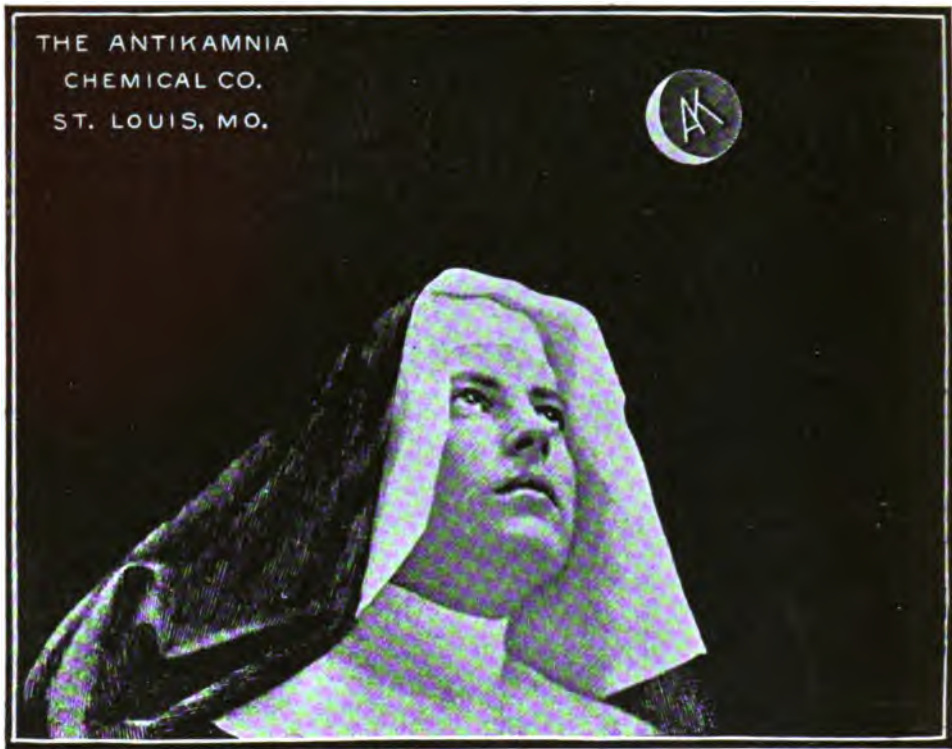
The Tri-State Medical Society of Iowa, Illinois and Missouri will meet at Dubuque, Iowa, April 5 and 6, 1898. More than thirty papers have been promised by some of the brightest men of these three states, and nearly two hundred members have already expressed their intention to attend, so it may be predicted that this will be one of the best medical meetings ever held in the West. Dr. Howard A. Kelly, Professor of Gynecology in Johns Hopkins University, Baltimore, will be present and demonstrate his method of catheterization of the ureters.

"The technical term for the power of the saints in its better use in our day is the influence of "Suggestion," and a mighty influence it is when used for good; when used to strengthen and not to weaken the mind of man; to invigorate and not to prey upon his weakness. Henry Ward Beecher used to say of Flint, that he did him more good by his presence than by his prescriptions. And every good physician knows that he can often accomplish more with the inculcation of good principles than with the prescriptions of powders and pills."—Whittaker.

Kansas takes the lead in advocating castration as a punishment for rape. A bill has been introduced into the Legislature of that state, which provides that every person convicted of rape, or of incest, and every minister, clergyman, priest or teacher, having charge of any church or other religious body or school, who shall have illicit connection with any unmarried virgin under twenty-one years of age of his charge or school, and every guardian of any female ward under the age of eighteen years, who shall defile her, shall be punished by imprisonment, and in addition to such punishment shall be castrated.—Ohio Med. Jour.

CAROFEN.

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E. H. LEE, M. D.

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ELEVENTH YEAR.

APRIL, 1898.

Cases of Struma Colloides Hemorrhagica, Nephrolithiasis and Spina Bifida.

By E. H. LEE, M. D., Chicago.

I. Struma Colloides.—L. O'N: Aged 34 years, Irish, housewife; is married, has had three children and one miscarriage.

Family History: Presents nothing of interest, with the exception of her grandmother having had a large goiter.

Previous diseases: At the age of four years she had a severe attack of measles, which was followed by blindness; she remained blind for three years and then recovered her sight completely. She attributes this to a miracle. At the age of ten years she was attacked with scarlet fever, accompanied with a very sore throat; from her statement it is probable that she suffered from a bilateral suppurative tonsilitis. She never has had any menstrual disturbance, always being very regular, never suffering any pain.

Present Illness: She attributes her present trouble to the attack of scarlet fever which she had when ten years of age. Following this disease she noticed a swelling on both sides of the neck; from the beginning this swelling was more pronounced on the right side, in fact, it seemed to begin there. This swelling did not cause her any trouble until after the first childbirth; up to this time it increased gradually but very slowly in size. Afterward the tumor developed very much more rapidly, until, after a few years, it almost reached the size that it presented at the time of operation. For the past ten years the tumor has caused her a great deal of trouble, giving rise to severe pressure symptoms; it is difficult for her to swallow; she has a wheezing respiration; very slight exertions are followed by severe attacks of dyspnoea so that it is impossible for her to do any work whatever. Her voice is not as strong as it used to be; she talks in a timid manner; frequently she is quite hoarse. At intervals she has attacks of convulsive movements

in the right leg and both arms. These convulsions consist of sudden violent motions of flexion and extension of the knee and jerky contractions of the upper extremities. This condition sometimes persists for days, seldom being absent for more than a week. During the few days previous to her operation I had occasion to observe several of these seizures. She suffers greatly from palpitation of the heart; says that she has nervous spells, and that her head is very light at times.

Examination: The general examination did not present anything of interest with the exception of a slight exophthalmos and a rapid pulse (120-130). Fig. 1 shows the tumor, which is situated in the region of the thyroid gland, the enlargement being especially pronounced on the right side; it extends behind and below the clavicle, moving slightly with deglutition. It is partially covered by the sterno-cleido-mastoid muscle and lies in front of the carotid artery; the superior thyroid artery cannot be felt, as is frequently the case in tumors of this size. The surface of the tumor is nodular, it has an irregular appearance and is but slightly movable; this fixed condition is due to the gland being wedged in between the clavicle and sternum anteriorly and the cervical vertebra posteriorly; in this manner it also compresses the trachea, producing stenosis. The uniform consistency of the tumor is hard, showing no points of fluctuation. The superficial veins of the neck are engorged, especially on the right half. Pressure on the tumor not only aggravates this condition, but also increases the difficulty in breathing.

Treatment: In solid tumors of the thyroid gland the operative treatment is either that of excision or extirpation, enucleation or the very conservative procedure of ligation of the large arteries supplying the tumor, in order to incite glandular atrophy. I believe extirpation should be resorted to where possible; it gives the best results, and, when properly



FIG. I.

performed, is undoubtedly the simplest operation; it is not accompanied by as much hemorrhage as enucleation usually is; the latter operation, however, has its indications; especially where large isolated nodules are to be removed. Ligation should only be resorted to in extreme cases, where prolonged operations would be dangerous, and then only as a preliminary operation to the subsequent removal of the tumor. In the case that I report, an extirpation of the entire right lobe was made in the following manner:

Operation: A transverse curved incision was made over the most prominent part of the tumor, being parallel with and very close to the clavicle. This incision gives undoubtedly the best cosmetic result, as the scar falls in the folds of the skin, is situated deep in the neck and becomes almost invisible after a few months. (See Fig. II.) It is, however, more difficult to operate with this incision than with a longitudinal or oblique one; the division of muscles in order to procure space is not as easily avoided. After dividing the skin,

platysma and superficial fascia, the inner border of the sterno-cleido-mastoid muscle was exposed and liberated by blunt dissection; the fibers of the sterno-hyoid and sterno-thyroid muscles were now severed longitudinally and the external capsule of the tumor exposed; this capsule was divided and displaced laterally. The tumor was now liberated from the surrounding structures as much as possible; it, however, could not be displaced without dividing a small portion of the sterno-cleido-mastoid muscle at its clavicular insertion. The tumor was now grasped with a vulsellum muscle at its clavicular insertion. The luxation of the tumor should be made very carefully, in order to avoid injury to important vessels and nerves; the inferior thyroid artery being especially exposed to injury by this manipulation. In this case the luxation was difficult on account of the large portion of the tumor which rested below the clavicle (*struma profunda*); however, by using traction and rotary movements in a careful manner, it was brought well out into the incision, and drawn toward the left side. The large vessels were the superior and inferior thyroid arteries,



FIG. II.

now in view, ligatures were placed around the recurrent nerve being carefully avoided. By blunt dissection the tumor was now liberated from the isthmus and then the posterior position of the tumor, which rested upon, and was intimately adherent to the trachea, liberated. During the latter procedure the recurrent nerve is very liable to be injured. Kocher draws especial attention to this fact, and advises, where the adhesions are very firm, to resect, or allow a portion of the tumor or posterior capsule to remain at this point, in order to protect this very important nerve. Very little hemorrhage occurred during the operation; after removal of the tumor a slight oozing was present, which was controlled by hot sponges. The incision was now closed by a subcutaneous suture, a gauze drain placed in the cavity, which was allowed to remain for several days. The subsequent course which the case took was not associated with any unpleasant symptoms. A slight bronchitis, which developed shortly after the operation, was annoying, on account of the pain which was experienced when expectorating. Breathing was greatly relieved by the operation, the wheezing respiration disappearing immediately. At the present time, three months after the operation, patient has gained twenty pounds in weight; she has had no difficulty in breathing whatever since the operation; her pulse rate averages about 82; all of the nervous symptoms, as well as the epileptic seizures, have entirely disappeared. Her mental condition is also greatly improved, she has a pleasant disposition, and is able to do hard work around the ward of the hospital. Fig. II shows the appearance of the neck at the present time. On macro- and microscopical examination the tumor proved to be a solid colloid struma. At various points small hemorrhagic cysts were found. It is difficult to say if in this case we had to deal with a genuine case of exophthalmic goiter (*Morbus Basedorrie*) or not. It is true that all three cardinal symptoms of this disease were present, exophthalmos to a slight degree, rapid pulse and goiter; further, the psychoneurotic affections would speak for this disease. In any case, the result shows that the operation was justifiable.

2. Nephro-lithiasis.—J. B. G., aged 42, American, collector.

Family History: Does not present any

interesting features; it should, however, not be forgotten that heredity may exert a direct influence on the development of stone; cases being recorded in which several members of a family suffered from the disease.

Personal History: Smokes and chews tobacco; has used beer and liquors. For over ten years he led a sedentary life, and indulged in high living; this in all probability was a predisposing factor to his disease. He had a typhoid-pneumonia six years ago, and a gonorrhea once.

Present Illness: His present trouble began about ten years ago, with pain in the right lumbar region. The pain for the first few years was of an aching character, associated with a feeling of weight and heaviness in the right side. For the past six years he has been suffering from inter-current attacks of renal colic. The description which he gave of these attacks was so typical that I would have felt justified in operating, even in the absence of any positive symptoms from the physical examination.

Examination: I examined the patient for the first time two days before the operation; at this time he was feeling perfectly well; there was absolutely nothing to be determined by the examination, with the exception of the urine, which contained a moderate amount of pus. The right kidney could not be palpated; there was no induration or increased resistance present at any point. A skiagraph, which was taken by Mr. Fuchs of the X-ray laboratory at the Schiller Building, showed the presence of a stone (Fig. *) in a location corresponding with the pelvis of the right kidney. The skiagraph not only shows the exact location, but also the size and shape of the stone. I believe that in these cases the X-ray should always be used to arrive at a positive diagnosis. A large number of cases have been reported in which the symptoms pointed to stone, wherein an operation, even after a very careful and extensive exploration of the kidney, no stone was present. It is often difficult to differentiate stone from ureteral colic, nephralgia, simple pyelitis, tuberculosis and floating kidney. In fact, in certain cases

* We regret that owing to the faintness of the skiagraph, it was impossible to make a satisfactory illustration.—Ed.

it is impossible to make a positive diagnosis without the aid of the X-ray.

Operation: The kidney was exposed by a transverse incision, parallel to and close to the twelfth rib. After displacing the fatty capsule and liberating the very friable perinephritic adhesions, it was possible to bring the kidney well out into the incision. Palpation of the pelvis revealed the presence of a stone. A circular incision was made into the kidney substance, about three quarters of an inch from the pelvis; this incision extended downward and inward toward the pelvis, until the stone was felt grating against the knife; it was now grasped with a forceps and extracted. A large quantity of urine and pus escaped, showing that an advanced pyelitis with distention of the pelvis was present. After washing out the incision carefully, an iodoform gauze drain was inserted, and the greater portion of the skin incision closed; no sutures were placed in the kidney. The subsequent course of the case was uneventful. To my surprise, but very little urine escaped through the incision, this I believe was due to the incision which was made in the kidney, that is, at a considerable distance from the pelvis. A union of the tissues in this region will take place more rapidly and the very unpleasant and sometimes obstinate complication of urinary fistula is not as liable to occur. On the sixth day the drain was removed, and the opening strapped with adhesive plaster. After two weeks the incision has closed entirely, and the patient was able to leave the hospital.

3. Spina Bifida (Meningocele).—Baby, L., age seven weeks, male. Mother and father of the child both healthy, three other children are living and are in perfect health.

Shortly after the child was born the mother noticed that it had a small tumor, which was situated in the cervical region of the spine; the tumor, which was about the size of a small egg, seemed to be made up of skin; on the upper surface the skin seemed to be very thin. About two weeks later the tumor ruptured, and for two or three days there was a continuous discharge of watery fluid from the same. It then closed spontaneously, and again became filled with fluid. Since this time the tumor has increased but very little in size, and does not seem to give the child any trouble.

Examination: Well-nourished, healthy looking child. General examination does not reveal any points of interest. Fig. III shows the tumor, which is situated in the cervical region of the spine. It is centrally located, has a pedicle, is round in shape and fluctuates. The wall of this cyst, or tumor, is apparently made up of skin. The wall, however, does not show a uniform consistency. At and near the base of the tumor the skin has a normal appearance. As it progresses toward the apex of the tumor it gradually becomes thinner, until when reaching the upper surface, exactly



FIG. III.

opposite its base or pedicle, it is as thin as very fine tissue paper. At this point it is of a dark blue color and is transparent.

Operation: The tumor was opened by dividing it in the median line; a moderate amount of cerebro-spinal fluid escaped. The sac was lined with a smooth serous-like membrane, so that I believed that we had to deal with a protrusion of the membranes unaccompanied by the cord; in this variety of cases a radical procedure can be resorted to. An elliptical incision was made close to and around the pedicle of the tumor. After dissecting out the in-

ternal membrane a complete amputation of the protruding mass was made. The defect of the vertebral laminae could not be felt, nor could a fine probe be introduced into the canal. Any large defect could not have been looked for in this case. Some writers on this malformation believe that the hernial protrusion may make its way between the arches of two vertebra instead of the laminae of a single vertebrae. It is impossible to say if in this instance we had to deal with a case of this kind; as there was absolutely no evidence of any deformity, it is possible. The incision was closed by silkworm gut sutures and a collodion dressing applied. This was removed a week later with the sutures, there was absolutely no secretion, primary union having taken place. The child was allowed to leave the hospital, and has since been in perfect health.

Character as an Element of Success.

Doctorate Address delivered by Prof. D. A. K. STEELE,
at Sixteenth Annual Commencement Exercises of
the College of Physicians and Surgeons, of
Chicago, School of Medicine University
of Illinois, Grand Opera House,
April 19, 1898.

Shakespeare says, "There is a kind of character in thy life that to the observer doth thy history fully unfold," and to-day it is my great privilege to be permitted to say a few words to you on behalf of the faculty of the School of Medicine of the University of Illinois, on the subject of "Character as an Element of Success." Members of the graduating class, I congratulate you on the honors you have won; you have been admitted to the ranks of a learned profession. The diploma which you have just received from the President of the University confers upon you great privileges, but it also places upon you great responsibilities. It testifies that you are the possessors of medical knowledge and surgical skill. It admits you to the confidence of the public. Time, in its endless cycle, has brought you to the threshold of a new existence. New duties and new responsibilities await you. You are no longer under the watchful eye and careful training of your beloved Alma Mater, but are now the architects of your own fortunes, the arbiters of your own fate. How well you will succeed, how success-

ful you may become in your chosen calling, depends in no small degree upon the kind of character which thy life will unfold. To-day every heart present beats in sympathy with yours, every hand is extended to you in cordial greeting and congratulations, every thought and wish is that you may meet with abundant success. To-morrow it will be "another new doctor come to town." To-morrow you will be our competitors, brushing elbows with us in a struggle for supremacy, challenging our best efforts to keep even with you in the race; no longer shall we meet as in the days gone by. Yesterday you were a student; to-day you are a doctor. Yesterday you bowed to us graciously as professors, and looked up to us with reverence and awe; to-day we take you by the hand and welcome you as our equals and bid you God-speed. We welcome you to this great field of activity, where your character and qualifications will be put to the crucial test of active competition and practical experience. Strive to attain all that is attainable in your race for supremacy. Continue your medical studies. Join your local medical societies, and take part in their work. Cultivate the habit of each day adding something to your stock of knowledge, and whilst waiting for patients, who sometimes come altogether too slowly during the first few years, be preparing for them by adding useful facts to your store of information. Read, digest and write for the current medical journals, form habits of study, observation and original experimentation, while you have the time and opportunity, for soon the rush of practice will occupy your mind, or the wants of a growing and hungry family will demand your attention to the exclusion of experimental observation.

There are certain elements of character essential to success to which I wish especially to direct your attention. The well educated mind looks beyond the mere semblance of things into the higher realms of Nature's laws and forces, and I cannot help but think that our earthly environments have much to do with our future success. A study of Nature and Nature's God in early life purifies and ennobles our whole subsequent career. To him who has been fortunate enough to open his eyes for the first time upon the light breaking over the Green Mountains of Vermont, or the rugged grandeur of Colorado peaks, or

near the roaring of a mighty ocean, or the rushing, whirling waters of a turbid river, there must ever remain an ineffaceable memory picture of Nature's wonders, and as his budding brain realizes and appreciates the beauties of the landscape, the ever changing and yet harmonious colors of Nature's painting, whether in field or forest, in garden or hillside, in the morning dawn or when lit up with the glories of an autumn sunset, his mind cannot but be permanently impressed with the grandeur and eloquence of Nature's sermons; nor can he help but realize that a higher and mightier power than man rules the universe and directs, by an allwise method, the mysteries of life. Thus, imperceptibly, but none the less permanently, he has impressed upon his character, by reason of his environment, noble thoughts, generous impulses and an unconscious religious trend. His mind is unsullied by the murky streams of a city's vileness, that too often dwarfs and destroys the one whose character is not strong enough to resist its baneful blandishments. In our own college it is interesting to note that its leaders and founders had their early environment amidst such surroundings as I have sketched.

Let us go back a century to John Hunter, whose master mind has left its impression on the profession for more than a century in his contributions to surgery and pathology. He was also a great naturalist, and it was his love of Nature and his possession of that mental quality which made it his chief delight to investigate the phenomena of Nature, to discover their order and relation to each other, to accumulate, tabulate and systematize pathological facts. He made all thinking physicians naturalists, he lent a dignity to the study of organic life and reestablished a close union between medicine and the natural sciences. He was a leader of men, he was a character builder, and by his prodigious energy and industry, by his suggestive experiments, by his enthusiasm in original work, he laid the foundations for the great museums of pathology connected with the British medical schools; through his influence on his students on this side of the Atlantic gave impetus to the founding of similar museums.

The first element of success is contentment. To succeed you must be in love with your profession. You must have a high

conception of its aims and objects. You must idealize your work. Your motive should be the love of science, or the instinct of investigation, the desire to search out the secrets of Nature and to alleviate the sufferings of humanity. The ideal young doctor should be a composite picture, blending in his makeup perfect health, mental vigor, manliness, honor, honesty, self-reliance, courage, truth and conscience, with a devotion to high ideals and an unwavering self-confidence. Then he can look the whole world in the face and say, come on, fellows, I am ready for a tussle with you. He should be composed of the rich and beautiful material gathered from all ages and places. The true man and the true woman is a mosaic and not a single gem. Ideals change, but there must be a permanent good, a lasting, beautiful and an unchangeable true. The ideal beauty has not yet come in painting or statuary or music, and I sometimes think it never will come this side the dawning of the great millennium, unless we stick closely to the ideals of youth and home and innocence and purity.

Professor Quine says a little whisky will do you no harm—if you let it alone. And I fully agree with him, for if there is one thing more than another which blights the future of many a brilliant and promising young doctor, it is the curse of acquiring a taste for stimulants or drugs that enslave. Many of the brightest minds in our profession are annually wrecked by the vice that attacks simultaneously the money, body and brain of its victim. It leaves nothing untouched. The passion for strong drink blights the young man's world, and leaves just enough of memory to catch a mother's tears, a sister's sorrow or a wife's anguish. Swing says, "Man can be good and happy without fortune and without fame, but he cannot reach any good in the path of the drunkard." But for this one evil we could analyze the young man of to-day and could read with delight the probable page of tomorrow in his life. But for the ravages of intemperance and the universal nuisance, tobacco, the men of to-day would as much surpass their predecessors in England or Greece as those states surpass the barbarians.

It is with sadness that I note a tendency in modern civilization, in the fierce struggle for existence on the part of the medical

man, to relax those rigid rules of regard for medical ethics and adherence to the golden rule that during the earlier part of the present century was a marked characteristic of our profession. I fear the modern commercial spirit is driving out of our hearts and minds those high ideals of a physician that are so well portrayed in Dr. Roger Chillingworth, a character in Hawthorne's *Scarlet Letter*. He says: "Made up of earnest, studious, thoughtful, quiet years, bestowed faithfully for increase of knowledge, faithfully, too, for the advancement of human welfare. Men thoughtful for others, caring little for themselves; kind, just, true and of constant, if not warm, affections." Such is a faithful picture of the early New England physician, quite different from the modern city doctor. The world demands a doctor who is educated all over, whose heart is tender, whose hand is steady, whose eye is clear, whose tongue is clean, whose brain is cultured, whose nerves are under perfect control; one who is broad-minded and who does not look at disease through the narrow view of the specialist, who sees only from his own field of vision. It wants a doctor whose knowledge of disease has been broadened and deepened and enriched by a wide and varied experience in general medicine and sharpened and polished in some specialty afterward; a doctor who has had a hospital experience, who mixes common sense with experience and book knowledge, who has a heart swelling with sympathy for the poor sufferers who seek his aid, who carries a smiling face on his errands of mercy, who prefers substance to show, and who regards reputation as a priceless treasure, to be guarded against the alluring temptations of modern society, or the tempting bait of gold offered for the prostitution of his talents to the performance of illicit or illegal practices. It demands that he shall possess that innate monitor that we call conscience.

When Frances Willard first considered going into the temperance work she consulted Mrs. Livermore and asked her advice. "Frances, I would follow the leading of my own spirit," she said. Here is the highest truth for each and every one in life. In all the crises of choice that present themselves "follow thy own spirit." Each one's own life is really a matter between his own soul and God. To succeed in life one must have absolute and persistent faith in one's

employment, whatever it may be, as well as in themselves.

To be a physician implies being a gentleman as well. You must never enter the hallowed precincts of the family in any other garb. You are intrusted with not only the physical, but often, also, the moral welfare of your patients. Never betray the confidence of your patients, for you will often be made the repository of family secrets, or become the possessor of a knowledge of the hidden causes of disease, that, if known or talked about, might disrupt families or produce a social upheaval in the community. Never betray these trusts. Be discreet; follow the golden rule.

A doctor must be truthful; he must start out with the determination that every statement he makes shall be the exact truth, that every obligation he lays upon himself shall be carried out, that every promise he makes shall be fulfilled, and that every engagement he makes shall be kept to the minute; that he will have a due regard for other men's time, that he will be true to himself and those who confide in him. The late Professor Gunn was known as the minute gun, because he was always on time at all appointments. If these habits of promptness and precision are formed early in life, it is easy to keep them up, for it is a well-known fact that it is the very busy, but systematic, doctor who is on time at consultations. The careless and indifferent ones, with little business to look after, on account of their habits, are always tardy and ready with an excuse.

You need courage to succeed. It takes courage to fight the battles of life, to live in honest poverty while others grow rich by dishonest or dishonorable means. It takes courage to remain silent when misjudged or misunderstood. It takes moral courage to stand up for a principle, to put the success of a cause or an institution before self, to sacrifice personal ambition on the altar of community of purpose, to cut loose from old friends and associates for the sake of devotion to duty.

No man can succeed who is not willing to assume responsibility; all the world loves courage and devotion to duty. See the triumphal return of Consul-General Lee from Havana. At every hamlet, town and city, from Tampa to Washington, his train was surrounded by enthusiastic thousands, vying with each other to honor his courage

and patriotism. See the young doctor march boldly forth to battle with disease and death, to face a thousand exigencies in life that call for rare courage and devotion. He compels the world to honor him for his true worth, and to accept him for what he really is, oftentimes a real hero. Emerson says, "Half a man's wisdom goes with his courage." Courage is victory, timidity is defeat. It is the young doctors, with their push, energy and enthusiasm, who make medical history, who experiment, who initiate new methods of treatment, who invent new surgical appliances. In this city look at Senn, and Murphy, and Harris, and younger men, who have made their impress on medicine and surgery, and be stimulated by their example. The indomitable will, the inflexible purpose, will find a way or make one. There is always room for a man of force. The dogged persistence of a Grant, who would fight it out on that line if it took all summer, succeeds in the face of all difficulties. Let your motto be that of Chicago, "I Will," and the whole world cannot turn you back. Resolve upon a course of action and follow it up to its ultimate conclusion. Turn not to the right nor to the left. Keep your eye fixed upon the goal of your ambition and your success is assured. Too often we hear young doctors say, If I only had the opportunity—if chance would only put something in my way. The lack of opportunity is ever the excuse of a weak mind. Make your own opportunities. Life is ever full of them; every lecture, every clinic, every patient, every business transaction, every responsibility placed upon you, is an opportunity. Make the most of them. Opportunity is a God whose face is concealed by hair, so that we seldom know him when he comes to us. He has wings on his feet, so that when once gone he cannot be overtaken. Give as much care and attention to the examination and diagnosis of the case of a pauper as you would to a wealthy patient. The time comes to the young surgeon when, after long waiting, he is confronted with his first serious emergency case. The old surgeon is away, a critical operation is at hand. Is he ready for it, can he fill the absent surgeon's place? If so, he is the man for the hour; his opportunity confronts him; he is face to face with it. Shall he confess his inability to cope with it, or shall he step into fame and fortune by rising to the occa-

sion? It is for him to say. Open eyes will discover opportunities everywhere, open hands will never lack for noble work to do. Wisely was it said, that lost wealth may be regained by industry and economy, lost knowledge by study, lost health by temperance and proper medical treatment, but lost time is gone forever.

In choosing the profession of medicine you should not ask yourself how you can make the most money out of it, but choose it rather because it is the work that will call into action all your powers of observation and develop your manhood into the greatest strength and symmetry. Manhood is greater than wealth. Character is greater than any career. Each faculty must be educated, the hand, the eye, the memory. You must strive to be a master in your profession.

Be thoroughly conscientious and truthful in your dealings with patients. Do not deceive them in regard to the nature and probable termination of their complaint, but when there is a doubt give them the benefit of the doubt on the side of recovery. Hope and encouragement carry many a patient past a dangerous crisis to recovery, where an unfavorable prognosis might have turned the scale.

Your personal bearing and manners will have much to do in securing success. There is no policy like politeness, says Magoon, "since a good manner often succeeds where the best tongue has failed." We stamp our own value upon ourselves, and cannot expect to pass for more. Character is success, and there is no other. There should be something in a man's life greater than his occupation or his achievements. Surgeons are sometimes accused of being rough, uncouth and cruel. Never let these charges rest at your door; always be a gentleman. Persistently cultivate politeness, suavity and patience; never let the little things of life disturb your equanimity. Do not lose your temper, no matter how great the provocation, for with your temper you lose your judgment. Do not get rattled if things do not go right. Avoid indecision; even if you are in doubt, go ahead to the end and the chances are that you will come out all right. Be cheerful, carry a smiling face, even though you have a heavy heart or a troubled mind. Particularly, be on good terms with the little children who may be your patients, and humor their

whims. Tact is quite as requisite as ability, and of the two tact succeeds oftentimes when ability alone would fail. Combine the two. "Common sense," says Wendell Phillips, "bows to the inevitable and makes use of it." Courtesy to your patients and fellow practitioners is a cardinal virtue. Avoid by words, innuendos or facial expressions, reflections upon the skill, ability or treatment of a case by your predecessor or competitor. Remember that the conditions and indications for treatment of a case undergo rapid changes and variations, and what was obscure to one surgeon yesterday may be plain to you to-day, and what is clear and distinct in a fracture implicating an articulation the first few hours may soon become obscure. Swelling may render an exact diagnosis impossible the next day, and while the mills of the gods grind slowly, they grind exceedingly fine, and your mistakes will afford your rival an opportunity to get even before long, so be charitable. Never omit the strictest attention to the slightest details, in the management of a case. Little details are often the *sine qua non* of success.

A great painter, on being asked with what he mixed his colors to give his painting such naturalness, replied, "Brains." Emulate his example and mix your work with brains, so that it will stand out as a lasting monument of your genius. In emergency calls you have often to decide whether it is better for a patient to be removed to his home or a hospital for subsequent treatment. Come to a quick, definite conclusion and impart it to the patient with your advice, and if he does not follow it you are relieved from responsibility for after-consequences. It is well to be autocratic in your management of patients. Gain their confidence by an evident possession of skill, humanity and judgment, and then rule them inflexibly if you can. It is unwise to retain control of and responsibility for a case if your directions are not strictly carried out. Better withdraw from a case than lose your self-respect by having your authority overruled or disregarded. It is evidence of weakness to permit a patient or layman to suggest a line of treatment. If you assent to suggestions of this sort, you are laying yourself liable to subsequent charges of ignorance or carelessness, and certain ridicule.

Never stand on ceremony if prompt action be necessary to save life or limb; do

what you know ought to be done quickly, quietly and without any unnecessary display. Your first duty is to the patient, your second duty to yourself and your third duty to the person or corporation sending for you. Where you make an examination with a view of giving future testimony, always record the date and result of your examinations—in fact, it is a good plan to keep a case book and make frequent notes in it. It will be of priceless value to you in many ways. In the practice of surgery you are constantly exposed to the danger of blackmail, or threatened with suits for alleged malpractice, and the machinery of the courts are set in motion so easily and cheaply, against medical men, by those who are ignorant, depraved or avaricious, often stimulated by the jealousy of a neighboring practitioner, that as a matter of self-protection and in the interests of your family, if you are so fortunate as to accumulate any property and to become the happy possessor of a wife, I advise you to literally endow her with all your worldly goods as a safe business policy, inasmuch as you are so peculiarly exposed to the accident of a bad result, and a threatened suit for damages. Blessed are they that have nothing.

Present your bills promptly the first of each month and collect them if you can. "The laborer is worthy of his hire," and the public will place much the same value upon your services that you do yourself. If you are careless and indifferent about collecting your patrons will be careless and indifferent about paying. Always have a straightforward and accurate understanding with your patients as to the value you place upon your services. Never tell a patient, when he offers to pay a bill, "Oh, never mind, to-morrow will do just as well." Now is the accepted time; to-morrow may never come.

"When the devil was sick, a saint was he,
When the devil was well, devil the saint
was he."

Gratitude is short lived. Your loss of sleep, anxiety and labor are soon forgotten when the patient gets well. Never forget them yourself, when the patient is paying his bill, by making a deduction. Collect the full amount. Place your services on a business as well as a charitable basis. It is a duty you owe to yourself and society; you will find abundant opportunities for the exercise of charity where it is really needed.

In the great race of life common sense has the right-of-way. Wealth, a diploma, talent or genius, without tact and common sense, cuts but a small figure. It is not what you know, not who you are, but what you can do, that is the interrogation of the latter part of the nineteenth century in this country. Beecher once said: "The habit of finding enjoyment in familiar things, that susceptibility to Nature which keeps the never thrilled in her homeliest works, and by her commonest sounds, is worth a thousand fortunes of money or its equivalents." A few years ago while walking along the streets of Glasgow on my way to the Royal Infirmary with Mr. MacEwan, the celebrated Scotch surgeon, he said to me, in speaking of the large amount of charitable work that physicians and surgeons are called upon to do in hospitals as well as homes: "There is more in life than the acquisition of the almighty dollar." The alleviation of pain, the pursuit of the scientific investigation of the underlying causes of disease, the keen enjoyment of original research, are far more ennobling qualities of mind than the mere accumulation of money.

Great doctors are but common doctors more fully developed and ripened. Those who believe, first, last and all the time, that they can do a thing usually accomplish it. The winners of the prizes of life are those that have implicit confidence in their ability to win, though opposed, thwarted, ridiculed and persecuted. Columbus would not yield his idea about a new world beyond the seas, and his faith and belief in himself, in the face of the most adverse circumstances, made him invincible. Be true to your convictions; you are all seeking success. Success may hurt a man, but there never was a fellow who was not willing to run the risk. Who shall say what success is? Where shall the line be drawn between success and failure? To many success is but a rope of sand, that breaks in the twisting. I heard of a man in Chicago—of all places in the world—who had retired from business because he had made money enough. Such a thing does not happen in our generation very often. Americans die in the harness. Incessant industry is essential to success. Doctors have no time to retire; our income stops the day we take a vacation for needed rest. We seldom get rich; few of us become famous. We earn a living. Sometimes we live from hand to mouth, but we are happy

in doing good, and we work to the end. It is related of Lincoln that once he got out of his carriage to turn over a helpless tumblebug that was floundering helplessly on its back. When asked why he went to so much trouble for such a worthless insect, he replied, "Oh, just to give it an even chance with every other tumblebug. Here was a lesson to you in kindness and helpfulness, even to the most degraded of beings. Our characters are under inspection all the while, whether we know it or not, and kindness and consideration for the weak and oppressed should be manifested by every worthy physician.

Our minds are given us, but our characters we make, and the molding of them is the noblest work on earth. One's resolution is one's prophecy. There is no future for the man who has no great inspirations. Console yourself with the reflection that it is not always the brightest member of the class who wins the battles of life, but far more frequently it is the common plodders, who are not brilliant, but who have pluck, energy, perseverance and, above all, character, who ultimately reach the topmost round of the ladder of fame. Uninterrupted success at the beginning of a career is dangerous. We learn far more from our failures than from our successes. Life never wholly fulfills the expectations of youthful hope. Our longings and our aspirations are the prophecies of our destinies.

Members of the class, you are now members of a learned profession, ready and eager to test the truths of the grand old science of medicine. Arts may fade, the muse may become dumb, a moral lethargy may lock up the faculties of a nation, its conscience may be dulled, its humanity and patriotism questioned, until they are suddenly awakened by some great event. We have but lately seen this in a measure demonstrated. That fateful explosion in Havana harbor that blotted out of existence a magnificence warship, and sent hundreds of our brave sailors to an untimely grave, kindled a new spirit of American patriotism and humanity, and cemented a national unity that will endure until the blighting curse of Spanish misrule, corruption, treachery and murder shall have been blotted off of the map of the western hemisphere, and the dead heroes treacherously slain in Havana harbor shall have been avenged, and Cuba forever freed from

Spanish tyranny and misrule. Even if that nation itself should pass away and leave only a memory of its existence, the stores of science it has garnered up will endure forever. We are all students in the vast realms of science—we ever see before us vast mountain heights to ascend, the summit seems near, we struggle upward, impatient to reach it, days, months and years pass, but the highest point is always just beyond. Strive to reach the top, stand for your own worth, let individuality mark your entire career, remember that the overcrowding is only at one end of the ladder of fame. The lower rounds may be crowded somewhat, but look a little higher. There is plenty of room along about the middle; not much crowding there; everybody seems to have plenty of room to mount safely, and away up on the higher rounds we see the leaders of the profession, secure on their professional perch. Who is there to dispute the claim of Quine, Murphy or Byford or many other distinguished medical names I might mention? Who will question their right to be considered leaders in the medical ranks, in whose footsteps you may be content to follow for the present? Strike out for yourselves, and carve a name and fame in some department of the healing art. How many of you will fail and how many will succeed depends very largely upon your individual strength of character.

I charge you, cultivate firmness of principle and righteousness of character; they will of themselves render you equal to all the changes of life, which can possibly occur to prevent you from being overpowered by any of them. Build your character steady and firm, graceful and inspiring, helpful and sympathetic, full of love and humanity, so that you may be prepared for every contingency and ready for whatever changes the fitful fate of life may have in store for you. You must be pure, noble, scholarly men and women, for if there is a profession on the face of the earth that demands ideal purity on the part of her devotees, it is the medical profession. Through all the coming days and years, let your purity of life, dignity of character, professional enthusiasm and nobleness of purpose be the divine melody, running through your life history, that will determine your status in society, in the medical profession and among your fellow men, so that when, after long years of earnest en-

deavor to attain the highest and best that is attainable in life, you will be ready to fold the draperies of your couch about you and lie down to pleasant dreams.

May you awaken to the strain of that celestial music that awaits those who are faithful here, those whose lives have broadened and deepened and rounded out, into symmetry and harmony and beauty, all the God-given faculties they possess, rather than those who have permitted them to be warped and dwarfed into the mere expedient of earning a livelihood.

A Monster.

By FRED. L. GLENN, M. D., Instructor in Gynecology in the Chicago Clinical School.

On the twenty-eighth day of March last I was called upon to deliver Mrs. N—, who was eight months pregnant.

Mrs. N— was thirty-four years of age, and of Swedish descent. She had given birth to four children prior to this, all well and healthy, the oldest being fifteen years and the youngest eight years of age. The mother is employed in a hand laundry and continued working until time of confinement. Mr. — is also of Swedish descent, age thirty-eight years, and has always been well and healthy.

Mrs. N— had taken a slight cold in the head and had felt pain for several days in the stomach and bowels, which became so severe that I was called in to see what the trouble was, inasmuch as she did not expect to be sick for a month. On examination I found the os dilated to the size of a silver dollar, and actual labor pains coming every eight or ten minutes. The amnion was still intact, but very tense during the pains. Mrs. N— told me that she had had no abdominal enlargement up to one month ago and since that time had enlarged exceedingly fast. I waited two or three hours, giving the os sufficient time to fully dilate, when the amnion sac was ruptured during a hard pain, flooding the bed to such an extent that I called for a sponge to soak up some of the amniotic fluid. I obtained a twelve-quart pail full of the fluid, besides that absorbed by the bedding. This so reduced the mother in size that I was scarcely sure there would be a baby. On examination I found an apparently normal-sized head presenting. I was unable to deter-

mine whether the position was a right-occipito-posterior or a left-occipito-anterior. In a few minutes the greatly distended uterus had contracted sufficiently so I was able to make further examination. I found to my astonishment a nose and a pair of eyes on what appeared to be the side of the head. A half dozen severe pains brought the head into the world. Then to my amazement I saw flop out two pairs of legs and two pairs of arms, and I beheld the monster which the accompanying cuts show.

The cord, being only seven inches in

female, with well-developed external genitalia.

Dr. Hirsch, in his work on "Monsters," classifies this as a syncephalus, meaning that there were two distinct and separate pelvises with the union of the upper portion of the body. He also states that "monsters of this variety are sometimes found in lower animals, but rarely in the human family, and



length, had to be clipped before all the feet could be delivered. The placenta was normal in appearance, but rather small. The monster weighed eight pounds and was fourteen inches in length. Pulsations in the neck and movements of the limbs could be seen for ten minutes, with no attempt at respiration. It was of duplex formation, front to front, united as far as the umbilicus, at which a single cord entered. The heads were united laterally, the right side of the face of one head uniting with the left side of the other, forming one complete face, with a pair of ears. On the other side was a pair of ears, having the same external meatus, but dividing at the depth of one-third of an inch. Just above these ears was a very slight outline, as if a face had started to develop. Each head had its own occipital region. Each part was normal in shape and perfectly symmetrical, the four arms being of equal size, ditto of the legs. Both were

not one, either in the human or animal, ever lived longer than a few hours."

Post Mortem.—Cutting through the skin, I found on both sides a sternum, each uniting the ribs of the right side of one to the ribs of the left side of the other, forming a single large space to contain the hearts, lungs, etc. One diaphragm, pierced in center by a single esophagus, leaving the abdominal cavities to communicate above the junction at the umbilicus. The esophagus emptied into a double stomach, shaped as though two stomachs had been sutured together by the lesser curvatures, making it heart-shaped. From the stomach I dissected out three and one-half feet of small intestine, coming to a T, giving off one branch of small intestine to each abdominal cavity. These branches were eighteen inches in length and each emptied into a large intestine, both large intestines being well filled with meconium. There was an

appendix one and one-half inches in length, the size of a small lead pencil at each ileocecal valve, and another one one inch in length at the division of the small intestine. Each had a pair of kidneys and a urinary bladder.

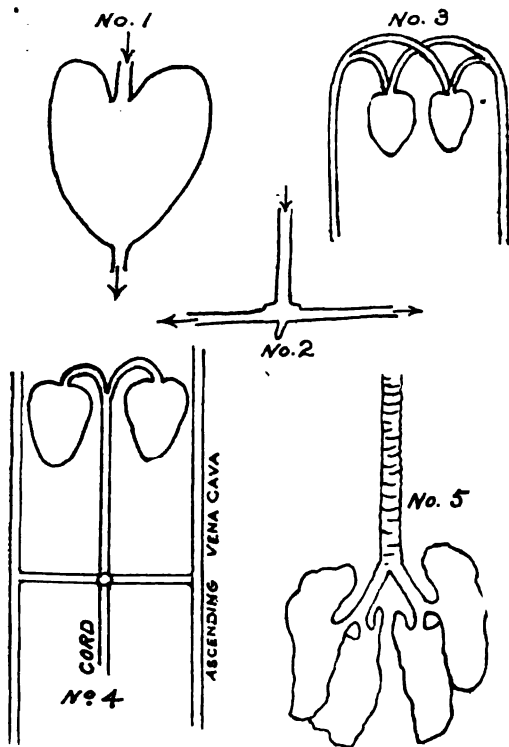
Respiratory.—The trachea divided and subdivided into four branches, entering four distinct lungs, which were collapsed.

Circulatory.—This I consider the most interesting. There were two hearts, equal in size about as large as an ordinary chicken's heart. They were one inch apart and so situated that a line drawn from the middle of one sternum to the middle of the other

the two ascending vena cava. The third and largest passed along the abdominal and chest wall at the junction of the two bodies on the side on which are the two ears, and ascending as high as the bases of the hearts, there dividing into two equal branches, one branch entering the base of each heart.

The brain was so very soft I was unable to make a good examination of it. There were two distinct hemispheres on the sides which formed the face. The other two hemispheres were somewhat united into one. There were two distinct cerebelli.

There are several theories advanced in explanation of double monsters. The most plausible being found in the process of cell division or multiplication. The first result of the fertilization of an ovum is its cleavage into two masses of protoplasm, each mass having a nucleus. This process of division goes on until at length a mulberry-like agglomeration of nucleated masses of protoplasm results. This mass is termed segmentation spheres or a bud. When the ovum gives off two of these buds or mulberry-like growths, then the above results will be the outcome. The mother has spent three weeks in trying to prove that it is due to maternal impressions, but can think of none received during pregnancy that seems to have any bearing on this case.



would pass directly through the center of both hearts. Each ascending vena cava passed up its spinal column as high as the bases of the hearts, there dividing into two equal branches, one branch going to each heart. Each heart gave off two aortæ (one aortic valve), one going toward one spinal column, the other going toward the other spinal column, one aorta from each heart uniting at the spinal column, forming one abdominal aorta for each body. At the entrance of the cord I traced three blood vessels, two going directly and uniting with

The Medical Excursion in June to Denver and Salt Lake City.

The American Medical Association meets at Denver, June 7th to 10th. One of the features of the gathering will be an excursion from Denver to Salt Lake City and return via the D. & R. G., Colorado Midland and Rio Grande Western Railways, through the "Heart of the Rockies," furnishing a splendid opportunity to view the most magnificent scenery on the American continent. Salt Lake City is an ideal summer resort, and the bathing at Saltair in the Great Salt Lake—inland salt sea, nearly a mile above the sea level—is superb in June. There are more attractions in and about Salt Lake City than any place in the world. Later notice will appear in this publication, giving rates for this excursion and all details. In the meantime send to F. A. Wadleigh, G. P. A., Rio Grande Western Railway, Salt Lake City, for copy of pamphlet on Salt Lake City and the Rocky Mountains.

ABSTRACT.

The Pathology and Diagnostic Value of Pain.

Dr. J. C. Johnson, in "Atlanta Medical and Surgical Journal," has given us an excellent paper on the above most important subject. We take the liberty of making a brief abstract, as follows:

There are many physicians who have never seen a case of cholera, but there is not one who fails to witness suffering every day. It is such a common attendant of disease that we are apt to regard it an essential part, worthy only of that consideration which the patient has a right to expect or demands toward its relief.

The highest office of a physician is embodied in the well-known maxim, "Curare cito, tuto et jucunde." Especially is it our duty to accomplish the last when consistent with a safe and rapid cure. But the ready means at our command are too often abused in our haste to respond to the solicitude of sympathizing friends, or the urgency of the sufferer himself, thereby obscuring an important factor in accurate diagnosis.

Pain is the natural language of an organ diseased, as is the cry of a babe its speech for hunger, or indication of distress; and its character, like the character of the cry, points to the seat and nature of the cause.

Pain is not an entity, not a disease, but a part and product of a pathological process, the physiology of abnormal sensation, the symbol of perverted function; as delirium is of disordered intelligence, and convulsions of incoördinate muscular contraction.

Therefore, in seeking to ascertain the cause of pain and the manner of its production, we must look to the source and conduct of normal sensation. It is thus rendered easily apparent that it arises from perverse generation or distribution of sensory impressions, in any event involving a material change in the part or parts affected.

Engorgement of the meninges may excite central or peripheral pain, but preceding or attending the engorgement is an alteration of metabolic, cardiac, or vascular action.

Normal sensation consists in the reception by a sensory ganglion, or cell, of an impression made upon a tactile, Pacinian, or Veta's corpuscle, or an end bulb, conveyed thither by a centripetal filament. It becomes a conscious sensation when it reaches the cerebrum. While reflex action from peripheral irritation may give rise to

the sensation of pain at the point of irritation, there is in reality no pain without intelligent reception—as there is no sound from concussion of the air without an ear to hear it.

The relation, then, which any part or organ of the body sustains to other parts is rendered conscious and appreciable by the exercise of the sensory functions, as exhibited in the phenomena of health and disease. Anything that increases the impressionability of the sensory corpuscles or receptivity of the sensory ganglia, lessens to the same extent the general power of resistance and favors the production of pain.

The normal action of the sensory corpuscles or ganglion, like the function of any organ, depends upon a normal state of nutrition, which in turn depends upon the quantity and quality of its blood supply, and the elective and appropriative capacity of its constituent cells. So, their susceptibility may be increased or diminished by a perverted nutrition—the result of direct interference with their metabolism, as from violence or pressure, or a vitiated pabulum.

Direct irritation of a sensory ganglion does not cause pain. A ganglion can only receive the impression, and by reference to other parts, through an efferent filament, transform it into a sensation.

For convenience we may divide the subject as follows:

1. That occurring in the absence of appreciable organic change in the tissues involved, being the chief or exclusive symptom.

2. That occurring without appreciable organic change, attended by other symptoms.

3. That accompanied by organic change, and obviously dependent upon it.

Fever affects every part and function of the body. Pain is an initiatory symptom. Does the elevated temperature cause the pain, or is the pain associated in the production of the fever? The solution of this question will throw important light upon the expediency of agents which at the same time reduce the fever and allay the pain, as the coal-tar preparations.

There are remedies that will relieve the pain and not reduce the fever. There are also those which will reduce the fever and not remove the pain. Besides, the intensity of the pain is not always measured by the degree of fever. It is true that the centers which control the generation of heat and

preside over common sensations are intimately related, so that one can hardly be affected without disorder of the other. Yet it is in the general departure from the healthy state alone that both can have their source, and in the operation of the exciting cause must we find the answer to our question.

Specific Gravity and Urea.

In a recent paper on urinary examination Dr. J. A. Wesner gives the following interesting facts:

The standard specific gravity for normal urine is usually given as 1018 to 1030; this, however, is only a rough index, as it may be as low as 1002 or as high as 1035 and still remain a normal urine. Hysterical and nervous individuals excrete a large quantity of urine the specific gravity of which is low. On the other hand, inactive individuals excrete a concentrated urine of high specific gravity. They are usually poor water-drinkers, but hearty eaters. In an examination of 3,000 urines we found that 74 per cent. had a specific gravity of 1018 or higher; 26 per cent. were below this standard.

Twelve hundred of these contained either albumin, casts, blood, pus or sugar. Out of 901 pathological urines, 68 per cent. gave a specific gravity of 1018 or more, with 32 per cent. below that.

Taking all of the urines as they come to the laboratory, we find a normal specific gravity in about 75 per cent. of them. Forty per cent. of all urines with a specific gravity below 1015 were pathological. An exact deduction from these figures cannot be given, inasmuch as the total quantity passed for the twenty-four hours was not always designated. Under the pathological urines we find the specific gravity normal in 68 per cent.; but no practical conclusions can be drawn from this, as a large number of these were from causes of acute nephritis, glycosuria, hæmaturia and pyuria, in which case the specific gravity is usually above 1018.

Urea is one of the end products of nitrogenous metabolism. The normal amount varies between 2 and 3 per cent. during the twenty-four hours. It is formed in the liver from the hemipeptones, and in all cells from the oxidation of protoplasm. Inasmuch as it is very soluble in water, we have the right to assume that if the kidneys are able to excrete water they will then also excrete

the urea. According to Bouchard, 6.31 grams of urea are necessary to kill one kilogram of animal. To kill a man, therefore, of 60 kilograms weight, it would require 380 grams of urea at one dose. Or take it this way: A 60-kilogram man excretes 20 grams of urea in twenty-four hours; in order to produce the 380 grams of urea necessary to fatality he would be 19 days making it, without any elimination during all of this time. Urea is nature's diuretic, and to my mind should be used in preference to all others. By some, urea is supposed to be toxic, doubtless associating the term uræmic coma with this harmless compound. Others claim that it is non-toxic, but when greatly diminished should then be taken as an indication of the retention of other toxic products found in the urine.

Why not go a step further and say that the total amount of urine excreted with a normal specific gravity should be taken as the index?

Out of 741 urines which contained no albumin, sugar, casts, etc., 53.3 per cent. contained the normal amount of urea. This goes to show, as I have already stated, that if urea is formed in the body, and the kidneys are able to excrete water, they will also eliminate the urea.

The total amount eliminated varies with the kind of food taken. Nitrogenous food increases it, not alone on account of the proteids injected, but because this increase stimulates cellular activity, and consequently increases oxidation.

On the other hand, carbo-hydrates do not furnish nitrogen to the body, hence oxidation is decreased and the proteid matter is not expended.

Treatment of Chronic Ulcers of the Legs.

Langseorff has treated over 200 ulcers of the leg, without a single failure, by means of the following method: The leg is rubbed with green soap, washed and dried. The ulcers are then dusted thickly with calomel, which is stirred to a paste with a wet cotton swab. Fine salt is then dusted upon the paste, and is in turn mixed with it. By this means corrosive sublimate is formed, which in its nascent state acts very energetically, and for three or four hours causes a strong burning sensation, which in a nervous patient may require a morphine injection. On the following day the granulations are com-

pletely burned off, and there is presented a clean wound, with possibly a small slough in its center, which soon separates. Pain has entirely disappeared. Under a stimulating salve containing turpentine, and with as complete rest in bed as is possible, the ulcer is quickly covered with epithelium. Only occasionally is it necessary to touch excessive granulations with a crystal of cupric sulphate. It sometimes happens that the ulcer partially closes, and then the healing process comes to a standstill. In these cases a solid salve is spread upon a visiting card and bound firmly upon the ulcer. From the effect of the moisture the callosities quickly dissolve, and the growth of epithelium is resumed. In only two cases of the series were Thiersch grafts found necessary. After healing is complete the leg and foot are covered with zinc salve as high as the knee. This dressing is left in position two weeks. A good effect is also produced by this treatment in eczema of the lower extremities, associated with numberless minute granulating ulcers. In these cases the calomel and salt are mixed to a paste and spread upon the leg, which has previously been scrubbed with green soap and water to remove all fat from the ulcers. —Medical News, February 5, 1898.

Some "Don'ts" About Heart Disease.

Don't feel called upon to give digitalis as soon as you hear a murmur over the heart. Study and treat the patient, not the murmur.

Don't conclude that every murmur indicates disease of the heart.

Don't forget that the pulse and general appearance of the patient often tell more than auscultation.

Don't neglect to note the character of the pulse when you feel it. Possibly you may look at the tongue to satisfy the patient; feel the pulse to instruct yourself.

Don't think every systolic murmur at the apex indicates mitral regurgitation; every systolic murmur at the aortic interspace, aortic stenosis. The former may be trivial; the latter may be due to atheroma of the arch of the aorta.

Don't say every sudden death is due to heart disease.

Don't forget that the most serious diseases of the heart may occasion no murmur. A bad muscle is worse than a leaky valve.

Don't examine the heart through heavy clothing.

Don't give positive opinions after one examination.—Philadelphia Medical Journal.

Prognosis in Nephritis.

In a recent paper on examination of urine for life insurance, Dr. W. A. Evans says:

There is a pathological law that every violent pathological process either results in rapid death or else it stimulates reactive processes which annul or destroy the primary cause of the process. It is not only the exception, but far more the exception than we think, when these nephrites go on to a chronic disorder, or start a disorder which lies latent for ten years and then is recognized.

As urines are more frequently examined, the number of cases of acute nephritis that are accidentally discovered and that promptly get well increases. The old ideas are founded on the old experience.

This leaves two types of nephritis for the examiner's consideration, processes that, for the want of information, are termed idiopathic:

1st. The kidney of chronic parenchymatous nephritis, with secondary contraction.

2d. The cirrhotic kidney.

The chronic parenchymatous nephritis with secondary contraction. This group (for it has been subdivided according to its stages) is due to the elimination of substances by the kidney destructive to its epithelium. I assume that it will be allowed that if the kidney epithelium excrete a substance it is because that substance either irritates or stimulates that epithelium. I also assume that it will be granted that the kidney epithelium excretes the waste substances of the body because those substances, while generally irritating to nerve and other cells, are especially irritating to kidney cells.

Lack of this irritation means decay from disease. This irritation, physiological as to kind and amount, means work, growth, repair. This irritation exaggerated means breaking down of kidney cells. For a long time the healthy cells replace those destroyed or lost. In this stage you may get casts or even albumin. At length compensation ceases, or is inadequate. Then comes into play, perhaps for the first time, another pathological law. It is, whenever there is a destruction of highly differentiated tissue, there is a new growth of lowly

differentiated tissue to replace it. By reason of this these kidneys in time contract in much the same fashion as those of the third class.

The first class gives a urine that follows about this type. The gravity is generally higher than in the second group of chronic nephritis. The percentage of albumin is higher. The number of casts greater. It is accompanied by exudation into the general tissues, anasarca. The course of the disease is rapid, because it is primarily an affection of kidney epithelium. These people cannot be good insurance risks. They die usually within a few years. They are recognized both by physical signs and by even moderate care in the examination of the urine.

The third type is the one that presents the greatest difficulties. This type of kidney is essentially arterio sclerotic. The irritant affects the connective tissue and especially that of the capillary wall. The epithelium is often well preserved. The connective tissue overgrowth serves to protect the kidney epithelium from poisons. Therefore the epithelium in the connective tissue areas is oftentimes the most normal to be found in the kidney. These people do not die from the interstitial overgrowth. They die from an acute parenchymatous nephritis in the previously healthy parts of the kidney. This acute parenchymatous nephritis may be engendered by toxic agents, such as ether, carbolic acid, iodoform, or it may be due to toxæmia, such as that of typhoid, "colds," etc.

The man with an arterio-sclerotic kidney can live to pay his ten premiums. But he is certainly a man with a lowered capacity for resistance. For the ordinary functions of life he is fully equal to his neighbors. But let him contract pneumonia, or go duck-shooting and "fall-in," thus consummating an infection, and his limited number of epithelial cells, which can easily reach the blood in the capillaries, undergo cloudy swelling from overstimulation. The man dies from insufficient excretion.

I have yet to see a healthy kidney removed from an adult. I mean a kidney in which the microscope revealed no changes. Casts mean degenerating epithelium. Every kidney in which there are casts or albumin is a diseased kidney; but this does not necessarily imply that the organ is now or ever will become symptomatic.

Brain Surgery in Children.

Dr. Nicholas Senn, on this topic, says:

"I am free to confess that I have never been able to muster my courage to attack the skull of a poor microcephalic child, because I have always regarded the operation as useless in promoting brain development. The responsibility of the surgeon is not limited to the defective mental development of the child nor the importunity of the parents in demanding an operation at all hazards. The surgeon should stand guard over such a charge, mindful of the limits of surgery. Have we a right to estimate human happiness? The driveling idiot has many enjoyments that you and I know nothing about. His responsibilities to God and man are limited, and his existence on earth is a long, happy dream, which only ceases when the soul leaves the imperfect body and returns whence it came, where mental distinction is unknown."

To Make a Normal Salt Solution for Transfusion.

B Sodii carb gr. xv.
Sodii chlor..... 3 jss.
Aquaë Oij.
—Med. Review.

The Proper Treatment of Headaches.

J. Stewart Norwell, House Surgeon in Royal Infirmary, Edinburgh, in an original article written especially for "Medical Reprints," London, reports a number of cases of headache successfully treated, and terminates his article in the following language:

"One could multiply similar cases, but these will suffice to illustrate the effects of Antikamnia in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz.:

(a) It is a specific for almost every kind of headache.

(b) It acts with wonderful rapidity.

(c) The dosage is small.

(d) The dangerous after-effects so commonly attendant on the use of many other analgesics are entirely absent.

(e) It can therefore be safely put into the hands of patients for use without personal supervision.

(f) It can be very easily taken, being practically tasteless."

The Chicago Clinic.

(FORMERLY THE OMAHA CLINIC).

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COMMENCEMENT OF P. AND S. COLLEGE.

On Tuesday last, the 19th inst., occurred the nineteenth annual commencement of the College of Medicine of the University of Illinois, at the Grand Opera House in this city.

The class this year numbered 106. It was in many ways the most memorable commencement yet held by this institution, inasmuch as it was the first since the formal union with the State University; the class also was one of unusual promise, there being eleven names on the roll of honor, and high among these was the name of a woman, this being the first occasion on which the names of women have been seen on the class roll of this college, thus making the occasion yet more memorable.

The program of the exercises held at the opera house was as follows, excellent music being interspersed by the famous Lyon's orchestra:

Prayer, Rev. J. W. Chichester.

Announcement of class honors, Prof. W. A. Pusey.

Conferring of Degrees, President A. S. Draper of the University.

Doctorate Address, Prof. D. A. K. Steele.

Valedictory, Dr. S. C. Garber, '98.

Benediction.

The address of Prof. Steele was a most enjoyable one, and we are not a little gratified and pleased in being able to share the pleasure with our readers, inasmuch as the address will be found in full in another column of this issue. If you were not present, the reading will give you an idea of one of the good things you missed at this year's commencement.

The valedictory of Dr. Garber was especially referred to on all hands as a most scholarly and eloquent production, a triumph for the orator and a credit to the class. Dr. Garber was further honored by winning the faculty gold medal for excellence in the work of his course in the institution.

The banquet at the Auditorium in the evening was indeed a *recherché* affair. What it lacked in the old-time convivialness, usually attendant upon such occasions, was vastly more than made up by the presence of some of the charming faculty wives and other ladies. We most sincerely hope that the innovation, if such it might be called, will be a permanent one. Let the smiles and words of beautiful and good women be an all-sufficient and a much better and safer inspiration to those about to enter upon a new life.

After a more than usually elegant ten-course dinner, Prof. Steele, acting as toastmaster, announced the following toasts:

"Our University," Prof. McKay, of Champaign.

"Our Sister Colleges," Dr. Arch. Church, '84.

"The Doctor from the Clergyman's Standpoint," Rev. Dr. P. S. Henson.

The banqueters seemed to have been waiting for this announcement. But, however much had been expected, his audience was, as usual, not in the least disappointed. The good parson seemed to have drawn on a new fund of satire and to have tapped a fresh spring of his perennial, jovial, trenchant wit, which he dispensed in lavishly heroic doses; however, never losing the opportunity to make a telling practical point to each joke.

"Ten Years Ago" was responded to by Dr. D. B. Wylie, '98, of Milwaukee. The Doctor gave an interesting account of scenes and incidents at the college during the period referred to in his subject.

"The woman Doctor" was spoken for by University Trustee Mrs. Mary T. Carriel of Jacksonville, in a manner quite befitting the importance of the subject and occasion.

"Our Legal Adviser" was most eloquently defended by Hon. C. Porter Johnson, the boy orator of the Illinois Senate. We now wonder less than ever that Cæsar, William Jennings Bryan and many others won fame and honor by the silver tongue of oratory. Being entirely impromptu, it was all the more appreciated as a beautiful response.

Dr. J. B. Murphy was another speaker who proved himself quite equal to the task of giving an elegant and fitting impromptu response to the toast, "College Clinics." Among other interesting points brought out by the speaker he referred to the fact that of the 106 members of the graduating class, 43 had received degrees previous to that con-

ferred on them to-day by the College of Physicians and Surgeons.

"Good Night" could only be properly responded to by one man in the faculty, and it is scarcely necessary to state that Prof. Quine responded to the toast. And such a response as it was. No one present will forget the fervor, eloquence, pathos, beauty and touching tenderness of his benediction upon the graduating class.

So ended another college year for P. and S., one of the best and most propitious in all her history. C.

MEDICAL ASPECTS OF THE PRESENT WAR.

The all-absorbing topic of conversation, reading and thought, at present, is the war in its various aspects, not the least important of which is its surgical, hygienic and sanitary relations. We certainly do not propose to discuss this entire subject in a brief editorial on this occasion; but rather only to hint at a few thoughts which seem of practical and paramount interest, both to us as readers and to the intended campaigner.

There can be no doubt that the present war will have a history very different in many respects than that of the late Civil War, especially so in its medical history. The wonderful improvement and changes in the weapons used, which, by the way, it is conceded will make a very decided difference in the nature of the wound to be cared for, and the vastly improved hygienic and sanitary camp laws it is presumed and hoped will make a difference in the usual sick roll of soldiers who are campaigning in a new country.

The camp regulations, as now prescribed by military law, are supposed to be

automatically adjustable to all the conditions of people or climate which may under any circumstances be met with. Then, too, the fact that the laity have now a much better appreciation of the effect of unsanitary surroundings, and they, as well as the educated physician, realize the fact that many of the most serious conditions of former camp-life arose from the lack of the appreciation of the importance and the value of perfect sanitation.

To the minds of most medical men the present war, provided it should last any considerable length of time, will bring up more sanitary than surgical questions. For this reason it is perhaps just as well that many of those who are now departing for the South in the capacity of military surgeons are not, strictly speaking, surgical specialists. Doubtless, too, very early after mobilization, both army and navy medical and surgical affairs will adjust themselves to the circumstances then presenting; and it is to be hoped that each one will find a satisfactory rather than prolific field for practice and study along lines agreeable to his inclinations.

The Red-Cross Society will doubtless also be a very important factor, should the conflict with either Spanish or pathological enemy be a prolonged one. Their methods and knowledge have kept pace with surgical technique and sanitary measures, and they, in connection with the regulation nurses, will do a grand work. All will be treated properly, and, further, that due is the flag of the Red Cross.

There is certainly an unfortunate mis-

understanding, in both professional and popular mind, concerning the danger to be expected from yellow fever. If we recall the fact that the central portion of the island is not only a highland, but really mountainous in almost its entire length, we will know that it cannot be as bad as are the everglades of Florida or the Mississippi swamps. Indeed, but a few years since there were many points on the island becoming quite popular as winter resorts. With our present knowledge of the disease and the promising portend of another year's work by our irrepressible and scholarly Klebs, coupled with the fact that at the head of the army is the one man of all others who is an authority on yellow fever—Surgeon-General Sternberg—we may rest reasonably well assured the soldier boys will not suffer to any alarming extent from this cause.

The matter of personal hygiene and care is, however, doubtless the most important, as the Dons are notoriously miserable marksmen; but should a shot or shell happen to inflict a wound, the unfortunate recipient in the American ranks will have the assurance of knowing that his injury honor to Old Glory, but next in homage no considerable portion of his anatomy will be sacrificed needlessly.

We note that Major G. Frank Lydston, M. D., of the Second Regiment, Chicago, has issued a circular of instructions to those under his care. The same contains some excellent advice, and we would appropriate a large portion of it in this connection did space permit it. C.

OUR BOOK TABLE.

The Surgical Complications and Sequels of Typhoid Fever.

By Wm. M. Keen, M. D., LL. D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia; assisted by Thompson S. Wescott, M. D., Instructor in Diseases of Children, University of Pennsylvania. Octavo volume of about 400 pages. Cloth, \$3 net.

This work is the only one in any language covering the entire subject of the Surgical Complications and Sequels of Typhoid.

To one acquainted with the ability and experience of Prof. Keen, or the natural, methodical exactness of Dr. Wescott, an extended review of the work of either one would not be necessary. But since in this volume we have a combination of both, it seems yet less necessary. There are, however, a few salient points in the book to which we would call attention.

The work covers a complete analysis of over 1,700 cases of typhoid.

Among the most important chapters may be mentioned those on Typhoid Gangrene; Affections of the Bones and Joints; Typhoid Abscesses; Cerebral Complications; Otitis Media; Intestinal Perforations (its Surgical Treatment); Specific Mixed Infections in Typhoid.

To which is added a chapter on Ocular Complications, by Dr. de Schweinitz, and an appendix, being the Toner Lecture, No. V., delivered before the Smithsonian Institute in 1876.

An American Text-Book of Genito-Urinary and Skin Diseases.

Edited by L. Bolton Bangs, M. D., Late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital; and William A. Hardaway, M. D., Professor of Diseases of the Skin, Missouri Medical College. Compiled with the collaboration of more than forty of America's best authorities on the subjects treated. In one large volume of over 1,200 pages, with copious additions of a large number of excellent and valuable illustrations. Published by W. B. Saunders, Philadelphia. Sold on subscription only. Price, cloth, \$7.00; sheep or half morocco, \$8.00.

We consider this last one a most valuable addition to the Text Book Series of Saunders. Indeed, in no one yet issued has there been so extensive a field covered so completely. As was promised in the prospectus, there is condensed in this one volume the material heretofore attainable only in several books and an atlas.

One of the principal features of the work is the evident care and exactness that has been exercised in the matter of accurate diagnosis, and careful, scientific treatment; and while we may not always entirely agree with the authors in the matter of treatment, we cannot but admit the more than usual accuracy in diagnosis.

In days of such rapid advance in all branches of medicine, it hurries one to keep up with all that is being done, but this volume seems to have been more than ordinarily successful in separating the wheat from the chaff in its line up to the time of its going to press.

Genito-Urinary Diseases and Syphilis occupy the first 760 pages of the volume, the remainder is taken up with General and Special Diseases of the Skin.

It is a work which we unhesitatingly endorse as successfully filling that very large and ever present niche in the library of every general practitioner. To the specialist it is of even greater value as a reference.

Chapin on Insanity.

A Compendium of Insanity. By John B. Chapin, M. D., LL. D., Physician-in-Chief, Pennsylvania Hospital for the Insane; late Physician-Superintendent of the Willard State Hospital, New York, etc. 12mo, 234 pages, illustrated.

On looking through this little volume the reader will observe it contains a clear, concise statement of the clinical aspects of the various abnormal mental conditions, together with directions as to the most approved methods of managing and treating the insane.

We believe the book will supply a real need, inasmuch as heretofore the physician and student have had no brief manual on this important subject, but have been compelled to search through the larger treatises for just such practical information as this book contains.

But the book is intended not alone for the physician. Written in clear, untech-

nical language, it will prove a most useful manual for members of the legal profession.

The differential definitions of the various terms, insanity, imbecility, melancholia, delusion, mania, dementia, paresis, and feigned insanity are most practical and reliable. The illustrations are good. Price, \$1.25 net.

Atlas of Internal Medicine and Clinical Diagnosis.

By Dr. Chr. Jakob of Erlangen. Edited by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic; Attending Physician to the Philadelphia Hospital. With 132 colored plates and illustrations. 260 pages. Published by W. B. Saunders, Philadelphia.

As the author well says in his preface, an accurate, and at the same time beautiful, illustration will convey usually a much better idea than the most elaborate description.

With this idea in view, the author has produced a most valuable volume. That the translator has done his work in a most excellent manner, anyone acquainted with the original text can testify. The addition of a voluminous index has added very materially to the worth of the volume.

In the first part of the book there are 22 full page plates, containing 125 different figures illustrating blood in various forms and conditions, parasites of the blood, sputum, microscopy and color reactions of the gastric juices, a large number of urinary conditions and reactions, medicaments in the urine and most important pyogenic micro-organisms. These are alone worth much more than the price of the book.

Part II. contains Schemata of the Diseases of the Lungs and Heart and Abdominal Diseases.

The entire work is carried out in such a thorough and systematic manner that it is really a vade mecum of the whole subject of Internal Medicine and Clinical Diagnosis. Price, \$3.00 net.

W. B. Saunders, Philadelphia.

Members of the American Medical Association who intend competing for the medal offered by Dr. Nicholas Senn for the best essay on some surgical subject are requested to forward their essays, which should be typewritten, to Dr. J. McFadden, Gaston, Atlanta, Ga., immediately.

ITEMS.

It is a bad idea for the young doctor to live in single blessedness too long.

The American Medico-Psychological Association will meet in St. Louis May 10 to 12, 1898.

If the patient has faith in the doctor, should the doctor reciprocate by trusting the patient?

It is a bad idea not to belong to a first-class medical society, and attend regularly all its meetings.

Esmarch, being seventy-five years old, has decided to resign his chair of surgery at the University of Kiel.

It is a bad idea to be too prompt with the hypodermic syringe. It is like a gun, dangerous without lock, stock or barrel.

W. B. Saunders has sold over 160,000 copies of his Question Compends, which shows they must be appreciated by both students and practitioners.

Necrosis of the joint is so common in match factories that the Belgian government has offered a prize of \$10,000 for the discovery of a substitute for phosphorus in making matches.

A candidate for medical honors, when passing a severe examination, was asked: How would you sweat a patient for rheumatism? He replied: I would send him here for examination.

A committee on expert testimony of the Medical Association of Central New York has recommended that only those who have had special training and have passed special examinations be allowed to testify as experts.

The "Medical Council" says that if the patient is allowed to inhale vinegar after an operation, while coming out from the anesthesia, the nausea and vomiting will be prevented. Pour it on the mask or towel and let it be inhaled as ether is.

During the next few days, at least, bad water in Chicago will kill more good Christians than will Spaniards in Cuba. It is worth while to make a note of this fact and to put the kettle on as per the urgent representation of Dr. Reynolds.

The consent of the widow is necessary to authorize an autopsy on the body of her deceased husband, according to the decision of Justice Patterson, appellate division of the Supreme Court of New York (case of *Foley vs. D.*, 37 N. Y. S., 471, 1896).

The phosphates of iron, soda, lime and potash, dissolved in an excess of phosphoric acid, is a valuable combination to prescribe in nervous exhaustion, general debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See page ii.)

"Polk's Medical and Surgical Register of the United States and Canada" is now undergoing its fifth revision. Physicians who have not given their names to the canvassers are urged to report to headquarters at once, giving full information. Address R. L. Polk & Co., Detroit, Mich.

A fire destroyed the Modykhana Hospital in Japan, for plague patients, erected by Europeans. Of the ninety-eight patients six lost their lives. On March 20 another fire in Tokio destroyed one hundred and thirteen buildings, among them the medical college of the Imperial University.

An important bill before the New York legislature provides that the formula of every patent medicine shall be printed on the outside of the bottle and on the label. Fines are attached for putting on no formula or the incorrect one. It is not always the formula, but the manner of compounding, which is secret.

Jones ("Buffalo Medical Journal," February, 1898) reports a case in which he resected 32 inches of gangrenous intestine, employing the Murphy button for anastomosis. Although the woman was in a state of collapse at the time the operation was performed, she made a complete and uneventful recovery.

An action against a hospital for an autopsy performed upon the dead body of a child, without the consent of the father, who was the natural guardian and intrusted the child to the hospital for treatment, is held in *Burney vs. Children's Hospital* (Mass.), 38 L. R. A., 413, to be sustainable, notwithstanding the contention that there was no right of property in a dead body.

Dr. W. O. Rodgers of Omaha, Neb. (Medical Department, University of Buffalo, '83), died at his home, March 10, 1898. Dr. Rodgers was examiner-in-chief of the Woodmen of the World, and had been identified with fraternal insurance orders during the past ten years. He had secured an extensive professional practice and died lamented by a large acquaintance.

Quite a number of cases have been reported where the X-rays have produced serious injury to the skin, ulcers forming in some cases, and the skin presenting the appearance of having been burned. In some instances the hair has fallen out in patches a few days after the X-rays had been used upon the head. In nearly all cases too long exposure to the rays probably caused the trouble.

Jules Emile Pean, the eminent French surgeon, is dead. M. Pean devised the artery catch-forceps that bear his name and left a surgical fame that will last for centuries. He died of pneumonia, January 30, 1898, at the age of 67 years, having practised surgery continuously at Paris for more than 45 years. His funeral oration was pronounced by Dr. Samuel Pozzi, the eminent gynecologist, who has lately been chosen life senator.

Doctor, see to it that your prescriptions do not go to a druggist who handles cheap goods. You cannot afford to risk the life of your patient, nor your own skill and reputation, in order that the druggist may make a few cents more on a prescription. A druggist who substitutes for proprietary medicines will substitute for any other kind of drugs, and it is just as important that your prescriptions are filled with genuine proprietary medicines as with pure drugs of any other kind.

Dr. W. H. Grayson, Surgeon to St. Mark's Railroad Hospital, Venice, Ill., says: "I have used Campho-Phénique in all sorts of surgical procedures, and believe it to be the best antiseptic known. I find it non-irritating, non-poisonous and highly germicidal. It corrects offensive odors and facilitates healing. In a word, Campho-Phénique is the only antiseptic agent I am acquainted with that possesses all the good qualities without any of the bad. It is the remedy par excellence in erysipelatous affections."

The American Medical Association will hold its annual meeting in Denver in June, 1898. During this period the Denver & Rio Grande Railroad, scenic line of the world, will make very low rates to all the interior points in Colorado. Don't fail to take advantage of these low rates to make a visit to some of Colorado's wonderful attractions. Special arrangements will be made for a tour of the famous thousand mile journey through the Rockies "Around the Circle." Call on or address any agent of the company, or S. K. Hooper, G. P. & T. A., Denver, Colo.

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It is successful, not only as an aliment for children, but its rare nutritive excellence in inanition due to mal-assimilation, chronic, gastric, and enteric diseases, has been incontestably proven; often in instances of consultation over patients whose digestive organs were reduced to such a low and sensitive condition that the Imperial Granum was the only nourishment the stomach would tolerate, when life seemed depending on its retention.

The influence of the medical profession in the politics of the state is not underestimated by those who make the study of political factors a specialty, and if that influence has not been exerted heretofore it has been the fault of the physicians. In the selection of judges close scrutiny should be had of men. Do not understand me to urge upon you to enter the political arena; but it is a sacred duty which you owe to the people and an obligation from the discharge of which nothing can absolve you, that you participate in all public matters with high ideals of citizenship and the firm determination that your influence, whatever it be, shall be felt for good in the management of public affairs.—Lutz.

If we are to keep the medical profession above the level of a mere trade, we must, one and all, enthusiastically work; first we must try to overcome the downward tendency manifested by medical journals in accepting advertisements which debase the less thoughtful members of our profession; second, we must so frown upon "newspaper advertising" by so-called regular doctors—mostly surgeons—that through loss of business the offenders will stop their disreputable practices; third, we must, by boycott, if necessary, by moral influence, if possible, do away with dispensary abuses, and fourth, we must overthrow the 50-cent hospital associations and other cheap assessment organizations which threaten to practically annihilate that great body of physicians which depends upon the working classes for patronage. These are the great evils which confront us at the present time.—*Jour. Surg. and Gynæcol.*

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S. G. WEST, M. D.

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ELEVENTH YEAR.

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Minor Gynecological Technique.

By S. G. WEST, M. D., Chicago, Prof. of Gynecology,
Chicago Clinical School.

It is universally acknowledged in our post-graduate schools, by both teachers and the doctors in attendance, that too much attention is paid to laparotomies and major operations. The minor details, and the technique of minor operations, are but slightly mentioned. That the general practitioner may have a definite line of treatment clearly understood by himself seems to me important. Some years ago it was invariably the plan to put the patient upon a course of treatment for an operation. Now the rule is to operate, and during convalescence build up the patient. In every operation upon the cervix, vagina or vulva, certain definite methods of preparation are employed. After the patient's bath, 24 to 48 hours before the operation, she is given a cathartic. This cathartic should not be administered twelve hours or less before the operation, but should precede by one day or more. The rectal enema should be administered from four to six hours before the operation. The object of being definite in regard to time in these two proceedings is to secure thorough evacuation of the bowels, and to allow a degree of inactivity to occur before operation, thereby preventing the liquid oozing from the bowel during operation, very disagreeable to operator as well as predisposing directly to infection. If the patient be delicate and weak, the cathartic should be much milder in its effect than if robust and strong. Preferably operations occur in the forenoon; hence the evening before thorough shaving and cleansing of the external organs, as well as cleansing of internal organs. Soft soap and hot water at first, followed by two douches of bichloride solution 1-3000; this followed by sterilized water. Nor do we stop here, but spend from three to five minutes in cleansing preparations after the patient is

upon the operating table. Here we use hot water and potash soap, the soap being introduced directly into the vaginal canal by means of a pledget of cotton upon a forcep, especial care being given to the cul-de-sac of Douglas, entroitus and the cervix. Here follows another bichloride douche and sterilized water. The mercuric preparations coming in contact with the cervix form an albuminate of mercury which acts as a protection to pathological germs within the cervical canal, hence it becomes necessary at times to dilate slightly in order to properly cleanse the cervix. The patient is now ready for operation. If abdominal work is indicated, together with a rectal operation, as resection or for hemorrhoids, it is desirable to give a cathartic of jalap powder three hours before operation. Enemata following rectal operation being distressing to the patient, the jalap will effect catharsis even if vomiting from ether does occur, the jalap having passed into the intestinal tract.

Silver wire is now seldom used. There are no circumstances in which it is better than silk-worm gut. In bringing together widely separated areas silk-worm gut is best. In securing accurate and exact coaptation silk and catgut is most desirable. During convalescence, prevent the hands of the nurse or attendants from coming in contact with the field of operation. If the uterus has been packed with gauze, this should be removed in from 24 to 48 hours. The vaginal packing may remain longer unless there are signs of infection. After an operation upon the cervix it is not necessary to give douches or to catheterize. Douches are also contraindicated in perineal operations unless copious discharge exists. It is necessary to catheterize in perineal operations. A glass catheter is best in the hands of a trained nurse; a soft rubber catheter best if the attendant is untrained. It should be kept in carbolic solution 20 per cent. and rinsed in boiling water before using. The bowels should re-

ceive attention upon the second day after these plastic operations, small doses of calomel or pul. glycyrrhiz. comp., drams 1, being given. Also enemata of soap and hot water, which should be repeated in a few hours if not at first effective. In from 24 to 30 hours the stomach is usually in a condition to permit liquid nutriment. Soft diet is best for a period of seven to ten days.

At present few pathologists deny that there are degrees of anterior displacement which are pathological. When the anterior dislocation exists at an angle of 45 to 30 degrees from the axis of the vagina, or when the axis of the uterus is nearly parallel with that of the vagina, we have to deal with a pathological condition. As a rule, we are called upon to relieve urinary troubles, dysmenorrhea or sterility. Eighty per cent. of these patients will complain of dysmenorrhea. There is no known operation which will replace and retain this organ in its normal position. Nearly all authorities agree that dilatation and curettage should be done. The dysmenorrhea caused by this form of displacement is more amenable to treatment by dilatation and curettage than are the retro-displacements, for the reason that in retro-displacement in at least 75 per cent. of the cases we find pathologic conditions outside of the uterus itself; such conditions as pelvic peritonitis, adherent ovaries, adhesions of the fundus and salpingitis existing, and being directly responsible for the dysmenorrhea.

An ante-flexed uterus producing the foregoing symptoms should, after the preparatory treatment mentioned, be replaced in its natural position and thoroughly dilated.

On account of the numerous accidents which have occurred by dilating with tent, that method has now been abolished, and we use rapid dilatation. Preferably a small dilator, because the uterus is ante-flexed and as a rule poorly developed. The dilator penetrates to the internal os easily, but here often meets obstruction. Many cases are on record of the dilators piercing the posterior uterine wall and causing septic peritonitis, the uterine wall at that point being soft, thin and poorly developed, and the degree of flexion so great that only by extreme care, turning, twisting and above all using no force, can the uterine cavity finally be entered, dilating

from a given center equally in all directions. Here again in rare cases the uterus has been ruptured. After thorough dilatation, curettage with a sharp instrument should follow, and the uterus packed with gauze.

If the organ would now remain in the position we give it, the operation would be more frequently a success. It becomes necessary, therefore, to maintain the normal position for two or three months. This is done by packing with gauze, if no operation has been performed upon the cervix, removing every second or third day. If the cervix has been the seat of operation, a semi-flexible sterilized rubber tube should be inserted. This tube should have corrugated edges to prevent a complete blocking of the cervical canal, and should be retained in position by vaginal tamponage.

As adjuncts, the use of electricity and massage are especially beneficial here. If there is an elongated, softened and conical os and the patient consults for sterility as well as the other troubles mentioned, the cervix should be amputated after the manner of Schroeder, which prevents kinking, as it is so materially shortened.

The number of retro-dislocations are much more numerous in practice than are the anterior. The subject has been written about most thoroughly, but the fact that there is a constant endeavor to work out and employ new methods demonstrates that the proper course even among gynecologists is still under advisement. It is not my purpose here to consider the etiology. It may be the symptom of other diseases, but a symptom of such importance that it demands our attention; that it may be caused at times by an intra-abdominal neoplasm, pressing it backward, I shall but mention.

These retro-dislocated cases present a great variety, ranging from a small, flabby, partly prolapsed organ, to the large uterus, firmly fixed in the cul-de-sac. No absolute rule, then, is applicable in all cases. There is one form known as the uncomplicated variety, the result of frequent pregnancies and enlarged uterus, no marked cervical laceration, no disease of the appendages, no adhesions. It is not difficult to ascertain these facts, and then our treatment is clear.

The use of tamponage for a short time

brings the organ well forward into its normal position, and then the proper application of a pessary will frequently result in a cure. I believe it will in the majority of cases, if the displacement has not existed more than one year.

The proper application of a pessary is a lost art with many specialists, hence so many failures among the general practitioners, as well as specialists. Contraindications to their use exists, such as perineal laceration, cervical tears, adherent uterus or ovaries or abscess in the pelvis.

The second class of cases, similar to the first, except that adhesions occur in the cul-de-sac of Douglas and perhaps adherent appendages. Is it possible to overcome the adhesion, rectify the position of the uterus and enable the patient to wear a pessary? It is possible, in the majority of cases, by tamponage of the vagina and pelvic massage. To loosen the adhesions much time and patience are necessary. The patient should be placed in the knee-chest position, and with the adhesions put upon the stretch and the space back of the cervix, thoroughly tamponed with lamb's wool saturated with thiol, glycerin or other medicaments. These should be removed in two days and others immediately applied. After a time the fundus comes so well forward that the abdominal contents, instead of tending to force the uterus backward, will force it forward and the adhesions overcome. As soon as the fundus maintains the normal position a pessary may be applied. I may say that the pessary must be worn constantly in the future, since less than 6 per cent. of this class of cases derive a cure that enables them to continue without the use of the pessary.

By far the greater majority of the cases of retro-dislocation are, however, surgical. It is not merely the retroflexion which we have to deal with. The picture of lacerated perineum or relaxed vaginal outlets, lacerated cervix, edometritis, retroflexed uterus with adherent appendages, is common to all. All of these conditions can be relieved by plastic operation, combined with either an Alexander operation or uterine suspension.

For the reason that the majority of cases present adhesions in the cul-de-sac of Douglas, adherent appendages or other pathological conditions, I believe that the indication for the Alexander operation must necessarily be very limited.

The technique of uterine suspension is all-important. All abnormal adhesions must be loosened, and the uterus brought forward. I believe many of the ill results are caused by too high an anchorage of the uterus.

The incision and seat for anchorage must be just above and as near the bladder as possible, keeping in mind that we must not allow the superior or posterior surface of the uterus to coapt with the peritoneum. A firm uterine fixation should be avoided, the peritoneum being sutured to the fundus, and then the muscles sutured to the perineum to prevent the stripping or saculation of peritoneum from its muscular relations.

Even if no laceration of perineum exists, it is necessary to keep in mind the condition known as relaxation of the perineum, or over-distended pelvic floor. To discover this condition observe if the posterior vaginal wall comes forward and coapts with the anterior. Place a finger within the vagina and make pressure upon each side of the rectal wall and observe if muscular resistance exists. Put the patient in Sims' position, and if relaxation exists, we are enabled to draw out with a forcep a pouch of the posterior wall. Posterior colporrhaphy or perineorrhaphy is always indicated in these conditions, and should be accomplished by any one of the reputable methods, the idea being constant in mind to bring to the normal position the relaxed or ruptured levator ani muscle, which forms the chief support of the floor of the pelvis.

Cavernous Angioma.

By W. A. KUFLEWSKI, M. D., Professor of Minor Surgery in Chicago Clinical School.

(A Clinical Lecture before the Chicago Clinical School.)

Gentlemen:—Angioma is a tumor formed of dilated blood vessels, some of new formation and others of preëxisting blood vessels, and also increase in the amount of connective tissue between the vessels. Angioma may contain dilated capillaries, veins or arteries, and, further, angioma may be encapsulated, extending into the skin, muscles and subcutaneous tissue or even bone; they are sometimes associated with a large amount of loose fibrous tissue or fatty tissue. Angioma may sometimes be seen at birth. They may be single or multiple,

and they may be flat or raised; they may differ in size from a pin's head to one inch or more in diameter.

ETIOLOGY: This is obscure. Some writers claim maternal impression while carrying the offspring in utero is important. Congestion of the skin, Rokitanski and his followers hold, originates in the areolar tissue, from embryonic new formation tissue, and that the vascularization of the new tissue is one of the last processes of its development. He compares the alveoli of the cavernous angioma to those of carcinoma. The growth has been divided by Kaposi and others as follows:

First, telangiectasis; second, *nævus vascularis*; third, angio-elephantiasis; fourth, tumor cavernous.

Cantrell, Hardway and others divide, first, into *nævus vascularis*, including the congenital vascular new growth; second, the telangiectasis, embracing the acquired dilatation. Telangiectasis are always acquired and not congenital.

Angiomata are generally observed at birth or soon after. These growths may remain stationary for years or may spread slowly or rapidly, but rarely do they disappear spontaneously.

LOCATION: In subcutaneous tissue, in organs such as the liver, spleen, brain, uterus and also in bone. In the lower animals, especially in cats, a cavernous angioma is found very often.

PATHOLOGY: Histological formation is similar to that of true carcinoma, with the exception that the spaces are filled with fluid blood instead of epithelial cells.

I will now describe my case, and we will then discuss the treatment. The history is as follows:

Martha L., 1 year, 8 months old, American-Polish descent, daughter of poor parents. The mother brought her to my clinic because the girl had a growth on the scalp. Family history, father living, 35 years old, healthy. Mother living, 32 years old, healthy. Two brothers living, healthy, 3 to 5 years old. Three sisters, healthy, 7 and 4 years old. No hereditary disease in her family. Patient's trouble began when she was six weeks old, but mother thinks she had this before, only that she had not noticed it. Martha had been troubled with indigestion, being restless; at that time she fell and burst open the growth, and profuse hemorrhage followed, but it was

stopped by the mother by pressing upon the growth. Two weeks after this accident, the mother called a doctor, who gave her some salve, as the growth had started to ulcerate. That ulceration healed and there was no more hemorrhage. Later on this child had eczema et capitis. The mother did not do anything more for the child until she came to my clinic.



I examined the little patient and found a growth over the right parietal bone near the anterior fontanelle. The growth at that time, three weeks before operation, was one and one-half inches in width and two inches in length. Besides this I found eczema capitis all over the scalp, even extending to the forehead. Patient was restless, temperature 99. Mother did not allow me to take off the shirt, as I usually do, as the child, which I found later, had two angiomata, one as large as a dime and the other as large as a half-dollar, one located over the right scapula and the other on the back of the neck. I started to treat the eczema with unguentum diachylum and olive oil, and I told the mother to cut the hair off and wash the whole body with soap and water, then dry the head. I ordered the application of the salve twice a day for seven days and washing off only with the olive oil. In two weeks all the eczema, which had been very extensive,

was gone. I then told the mother that I could best treat the growth by excising it.

Before I describe my procedure of treatment in this case I will discuss the possible treatment of the angioma. The growth when the mother first noticed it was very small—the size of a dime; it rapidly increased in size and in the course of three weeks' time under my own observation the growth grew over one-half an inch all around, that is, the growth at the operation was two inches in width and two and three-quarter inches in length.

PROGNOSIS: Angioma may develop into fatty or other neoplasm. The presence of cavernous angioma constantly menaces life, since a scratch from a pin may induce a fatal hemorrhage. In other words, the prognosis without operative measures is unfavorable.

TREATMENT: Various methods have been suggested in the treatment of angioma by different men. First, ligation of a vessel at a distance; second, compression; third, vaccination; fourth, chemicals have been used, such as acetic acid, acetate of sodium, carbolic acid, nitric acid and electrolysis. That is practically to produce scarification. Styptic fluid is injected into the tumor to produce thrombosis. Esmarch treats by passing sterilized stout silk threads wet with iron solution back and forth through the substance of the tumor to the healthy skin about it.

We should never use coagulating injections in angioma about the face or scalp on account of the danger of forming thrombi and emboli. Vaccination may induce supuration, which will travel beyond the part intended and do damage by leaving a scar. All ordinary methods of treating angiomata are suitable, but excision is the best. In operating the greatest care must be exercised, as vessels were communicating directly with the sinuses within the skull, making the operation often very dangerous. In my case the anterior fontanelle has been opened, the growth extending about one-half inch from the opening.

I performed the operation on the 26th day of April in the Chicago Clinical School with the assistance of Drs. F. A. Schindler and R. A. Whiffin. The operation was as follows:

Patient was anesthetized by giving chloroform; the head was shaved and made antiseptic. The assistant was ordered to press

the fingers around the growth while I was making the incision. I removed the growth, as the angioma affected all the soft parts on the vault of the skull, that is, the skin, subcutaneous, fatty tissue, occipito-frontalis muscle, the subaponeurotic tissue, and even the pericranium being affected in the center of the growth, and consequently in removing the growth I removed a small portion of the pericranium. After removing the growth, I separated the scalp, which is the skin and occipito-frontalis, from the subaponeurotic tissue all around, about 3 to 5 inches, and attempted to bring the edges of the wound together, but the wound being so large, over two inches in width, I could not bring the edges in apposition, and as the mother guarded me not to make more than one scar over the skull I made the best I could, that is I made tension sutures and left open the space from one-eighth to one-fourth inch in width. Now the wound is healing by granulation and the scar will be not more than one-eighth to one-fourth inch in width, and about one and one-half inches in length. As this patient is a little girl and she can wear long hair it will not interfere with her appearance. The patient is looking well, gaining in flesh, she nurses the mother and is well, with the exception of the two growths on her back, but her mother will not permit me to do anything for the other two growths, until the one on the head has healed.

These two growths are now stationary; for over a year they have remained of the same size, and they give no trouble to the little patient. I intend to vaccinate, as the child has not been vaccinated yet, and being in such a place as these two small growths are it would not do any harm if we get the scar left after vaccination.

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Poetic Scraps.

The following choice bits of poetry were purloined by our reporter from a well-known and felicitous toastmaster, at a recent medical banquet. We are consequently obliged to publish them anonymously. With apologies to the author, we only regret that we did not secure more of the same:

"Unity of Education," Rev. C. E. NASH, Galesburg, Ill.

"A little learning is a dangerous thing.

Drink deep or taste not the Pierian Spring."—Pope.

A little learning is a dangerous thing,
Drink deep or taste not the Pierian
Spring.

The truth of this good and wise old saw
Should be for doctors an ever living law.
Too oft they turn from wisdom's living
fount,

And by means that are vain endeavor to
mount.

But, remember, oh, medico bright, 'tis ever
the rule,

That he who succeeds must not be a fool.

—
"The Laity," Dr. E. W. WEIS, Ottawa, Ill.

"Most of those evils we poor mortals know
From doctors and imagination flow."—Churchill.

Who takes us from our warm, warm cot,
Whether we will or not—

The laity.

And drags us over roads so drear,
To bedsides ever dear—

The laity.

Until we're almost ready to drop,
And then they call us "Doc"—

The laity.

And when at last we raise the dead,
What is it they most dread?

The laity.

Of course it's nothing but the little bill,
To whom is it a bitter pill?

The laity.

—
"The Latest Pathy," Dr. A. C. CORR, Carlinville, Ill.

"Fashion, a word which knaves and fools may use,
Their knavery and folly to excuse!"—Churchill.

The Pathies all must e'er remind us,
We should make the truth sublime,
For with plenty of push behind them,
They will get there every time.

There was an old man named Sill,
Who came all the way from Kirksville—
He had a litt'e pathy
Which was just a little daffy,
And he cal'ed it osteopathy.

Then they made a mighty fuss,
But Tanner would not trust;
And then the little pathy
Went the way of other taffy,
Which was the end of osteopathy.

My Name's Appendicitis.*

By EMMA B. STANDLEY, M. D., Alexis Ill.

Appendicitis is my dreaded name,
I'm not unknown to medical men of fame,
From north and south to east and west;
They see me at my worst and best,
And recognize in me a deadly foe,
When unto the Vermiform Appendix I
may go.

Although the average length of man's ap-
pendix, too,

Is but four inches (though it varies, it is
true),

When I lay hold upon the so-called goose-
quill

Men cramp far worse than from effect of
liver pill!

Sometimes the doctor wins the game, and
then I leave,

But I'm sure to come again (this do be-
lieve)

Within a year or so, and then look out!
I make them hunt the surgeons round
about.

How often I have laughed right in their
face,

When they have talked about the place
Where they would find the cherry-stone,
or grape seed,

And therefore missed the predisposing and
exciting cause indeed;

For as an etiologic factor, they should
surely know

Their presence or absence now or in the
long ago

Played but small part in the new disease
When the little appendix was not at ease.
Its anatomical structure is liable to varia-
tions, too,

In position and size it is often true,

* Read before the Illinois State Medical Society, at
Galesburg, May 17, 1898.

And this, no doubt, is one prime cause of
 the affection
 Appearing so often in Adam's connection!
 This narrow, musculo-membranous tube,
 With lining of mucous membrane, where
 pus may exude,
 Has common orifice of entrance and exit in
 mankind,
 Ending in an extremity which ever is to-
 tally blind!
 One small artery makes up its blood sup-
 ply,
 With no anastomoses should it run dry!
 It is an organ, too, of low vitality,
 But rich in lymphoid tissue in its locality,
 Of vast absorptive power, and possibly for
 this,
 When inflammation gets an hold, it ends in
 heavenly bliss!
 Rapid in its progressive, destructive pro-
 cess, too,
 Is the little diseased appendix, old or new,
 Which offers greater resistance in the pen-
 dent position, alas!
 For any material lodging within it to pass;
 But if gravity can play a part in its posi-
 tion
 There is less disease, or need of a physician.
 If the mesentery be long, I've heard them
 say,
 The tube will probably be straight along its
 way;
 But if the meso-appendix be short or
 twisted,
 Then may any material become lodged or
 incysted,
 And these anatomic conditions produce cat-
 arrhal inflammation,
 Resulting in less free drainage, is the doc-
 tor's proclamation.
 Another predisposing factor in recurring
 inflammation is the fact,
 The disease and weakened appendix is not
 able to act,
 For, having once been the seat of disease,
 The lumen of the organ must be con-
 stricted, if you please,
 In the apparent recovery from the first at-
 tack,
 The mucous membrane of the appendix
 failed to act,
 In its healing process, as it should,
 And therefore the constrictions, if they
 could,
 While not entirely closing the lumen, will
 hinder the drain,
 And there will be future trouble and pain.
 From the nidus retained in its cavity, too,
 And the lack of expulsion of contents all
 through.
 However, 'tis not thought to be true at this
 hour,
 Although these constrictions may have
 more or less power,
 To prevent foreign matter from entrance
 within,
 There is greater liability, however thick or
 thin,
 For ingress of material than for egress far,
 Owing to the great differences that bar,
 Namely, between the force of the bowel
 propelling
 And the force of the little appendix repell-
 ing.
 Age also, the doctors say, is a predisposing
 cause,
 Yet I sometimes seem to upset these laws
 By getting hold of the babe's appendix,
 too,
 And then quite often there's a grave that is
 new,
 And the doctor, watching it draw its last
 breath,
 Wonders secretly "What was the cause of
 death?"
 Some of the learned medical men, how-
 ever, teach
 That the disease is most common in each
 Between the ages of ten, thirty or more;
 But fifteen per cent., say the books on med-
 ical lore,
 Are those under fifteen, in their tender
 years,
 When the gastro-intestinal tract causes
 trouble and tears,
 Because of the disturbances induced from
 overeating,
 And this erratic peristalsis prevents the
 micro-organisms from sleeping,
 Enabling them more easily to inaugurate
 inflammatory conditions,
 By changes in the blood supply from twists
 in its position,
 Thus lowering the resisting force of the
 organ, they say,
 And giving the colon bacillus or strepto-
 coccus full sway.
 When it comes to the sex, I take my choice,
 And therefore the females have cause to re-
 joice,
 Because of greater blood supply and small-
 ness of appendix, too,
 They receive few visits from me, it is true.
 To the males, however, I am prone to
 come,

And often perforation, or even gangrene,
bring to some.
Constipation or diarrhœa, it is thought
without a doubt,
In the large majority of cases, help to
bring me about,
But I am just as apt to appear with those
Whose bowels are in normal condition and
repose.
Those often exposed to the cold or the
rain,
Or who have recovered from typhoid, its
fever and pain,
In the production of appendicitis may find
at last
These were remote causes, although in the
past—
For the appendix contains many solitary
glands,
And in typhoid the ulcers within these
bands,
May result in cicatricial contraction, and
then
Obstruction to the lumen of the appendix
occurs again.
Another predisposing cause, and one to
make appendicitis grin,
Is that the micro-organisms are almost
constantly within,
The basement membrane of the mucous
lining of appendix, too,
Where are also found columnar epithelial
cells all through,
And here in clusters they, ever ready, wait
and mind
Their opportunity to attack this little organ
of mankind,
To set up within its structure acute inflam-
matory conditions,
Which bring about appendicitis, the sur-
geons and physicians.
Fæcal concretions may also act as a path-
ologic factor,
By interference with the circulation of
many an actor,
Or by stenosis of the lumen of the appendix
within,
Or pressure necrosis, perforation, and
eventually freedom from sin.
They talk about four stages in my pathol-
ogy, alas!
Endo-Parietal, Peri and Para, through
which all victims pass.
In Endo-appendicitis the mucous mem-
brane, and sub-mucosa, too,
Is liable to more or less inflammatory ac-
tion, it is very true.

In the Parietal the inflammation attacks
the tissue
Called interstitial of the body of appendix
and its issue;
In Peri-appendicitis the serous covering of
the appendix also,
Which inflammation attacks, are limited
by adhesions, as you know,
To that portion of the peritoneum lying be-
tween and belonging
To the appendix, and the serous surfaces
immediately adjoining;
In Para-appendicitis the tissues attacked
in this stage
Are in relation with the appendix, no mat-
ter what age.
Pus formation, localized by limited adhe-
sions here is found,
Perchance retained in the third stage, and
naturally bound,
Or general involvement of peritoneum in
its rapid course
With purulent inflammation and pus from
many a source.
In all these stages, however, medical men
will find,
There is no distinct line of demarcation be-
tween their kind,
But that the primary condition is catarrhal
inflammation,
And invasion of the microbes, that in every
nation
Trouble the intestines and appendix of
mankind.
The outcome of attack depends not on the
mind,
But first upon the drainage, and secondly
upon
The character and virulence of micro-or-
ganism ere disease is done,
And thirdly, fæcal concretions and foreign
bodies also
Play some part in the outcome, as well you
know;
A cicatricial condition of the mucous mem-
brane is often found
In this healing process, if appendix should
recover after such a round;
But complete obliteration after inflamma-
tion is indeed quite rare;
Ulceration of appendix wall, however,
is a frequent affair,
Caused by interstitial exudate, or pressure
necrosis, too.
Gangrene is due to interference of circula-
tion first, it's true,
And secondly, to twisting of appendix,
and third and last,

To embolism of solitary artery or branch
ere all is past.
Paresis of appendix is common, and due,
no doubt,
To inflammatory infiltration of its muscular
coats throughout.
Adhesions, between appendix and serous
surfaces adjoining,
Limit pus collections, in certain cases to
this disease belonging,
But if there is not time as in some acute
cases,
For adhesions to form, then free pus there
will be in places,
Even in the general peritoneal cavity, too.
Local and general infection have also their
work to do,
Suppurative foci in distant parts, as the
liver, they say,
Takes place, by lymphatic and venous
channels along its way.
This infection may cause phlebitis of veins
of lower extremity, too,
And the veins of appendix, ere the disease
is through,
Are often the seat of thrombi from the in-
fection throughout.
Nerve filaments of the appendix are irri-
tated, no doubt,
By inflammatory exudate and cicatricial
contraction ere recovery again,
Resulting in constant discomfort and pain
that is reflex then.
I've talked about bacteriology, but of this
again I'll say,
While micro-organisms line the intestines
along their way,
In both appendix and intestines of all
others that abound,
The "bacillus-coli-communis" most fre-
quently is found,
And this little useless organ by them also is
invaded
More often than by other germs, though
by them often aided,
Than in other parts along the vast intes-
tinal tract.
If non-virulent the bacillus, and not so
ready to act,
The appendix may possess the resistant
power required;
But if the micro-organism is virulent and
strength is desired,
The little appendix may fail in overcoming
its action,
And a rapid course of the disease ensue
without reaction.

But the outcome of the attack will ever be
Modified greatly by the freedom of drain-
age that they see
Far more than by any other factor in the
new disease,
And one by which the patient will more
easily have ease.
Acute and chronic appendicitis are the
forms most often met,
Ulcerative, Perforative and Gangrenous
in the acute are set;
In the chronic the varieties are described
also
As the sub-acute, relapsing and recurrent
as they go.
"Three cardinal symptoms" characteris-
tic of the disease do I possess,
Pain, tenderness and rigidity always more
or less.
Pain usually follows the ingestion of food,
and it's true,
At the outset its character is paroxysmal
and colicky, too,
Referred to umbilicus or peri-umbilical re-
gion is this primary pain,
To epigastrium also, and later is localized
in appendix to reign;
And yet this pain may be referred to any
portion,
Left or right of abdomen, and still this very
notion
Has led to many a mistake in proper diag-
nosis,
Just because the doctor had not studied
all the process.
The location of the secondary pain also
must depend
To great extent upon position of appendix
ere the end.
Tenderness upon pressure is a most valua-
ble and constant sign,
And remains long after the physician his
case shall resign;
The point of greatest tenderness is over
diseased appendix also.
Rigidity, next to pain, is a valuable symp-
tom, you know,
Is usually right-sided and follows localiza-
tion of pain,
And is most marked over where the in-
flamed areas reign.
Vomiting is common at onset of attack
with some,
But does not persist unless unfavorable
the case become.
The temperature and pulse rate bear no
direct relation

To the gravity of attack to man in any nation,
 But restlessness that's marked in children or adult
 Denotes that pus is present, and grave is the result.
 Abdominal distention, constipation and diarrhoea play also their part;
 Rapid respiration due to septic absorption and a weakened heart,
 Is a grave symptom, as it indicates pulmonary involvement, too;
 Acute and sub-acute nephritis has also with this disease to do.
 The tongue is always furred, one cannot well deny,
 And if diffuse peritonitis appear it may become quite dry.
 After the acute stage, chronic appendicitis becomes my name,
 Palpitation here is necessary, as valuable diagnosis of the same;
 History is also important, and the most constant symptoms are
 Localized pain and tenderness, all happiness to mar.
 Diagnosis of my three cardinal symptoms it's well to tell,
 First, sudden, acute pain in one before quite well,
 Who never thought that appendicitis upon him soon would call,
 And secondly produce unilateral rigidity of lower abdominal wall.
 Tenderness over site of appendix is third and last,
 And soon upon pressure becomes localized after onset is past.
 It corresponds also to the degree of inflammation,
 And sometimes makes the patient give an awful exclamation,
 When the surgeons hunt McBurney's point for its location,
 Where it usually is found, spite of wail or lamentation.
 Yet this very tenderness may vary with conditions,
 The amount of inflammation of appendix, and also its positions.
 Rectal or vaginal examination by the doctor should be made,
 Where abdominal palpation gives negative results, he will be repaid,
 Telling thus of tenderness and fullness better than all other,
 Are of value also when they both are made together,
 And especially when the appendix points, in this telling disease,
 Toward the south, in the pelvis, for from its ease,
 Early pus formation, gangrenous change, and perforation, too,
 Increase tenderness in the abdominal cavity all way through.
 With discharge of faecal concretion, tenderness is decreased, however,
 After free evacuation and in late pus cases ever.
 With enough septic absorption to paralyze nerve filaments, too,
 When sudden ending of pain indicates gangrene, the surgeons are blue.
 When pain and tenderness are upon the left side,
 Appendix points south, occupying pelvis where vesical symptoms abide.
 With pain on left side and over the pelvis throughout,
 Then the little appendix to the south points about.
 Its tip contains pus, and it is also affected.
 Pain on the left side, with bilateral rigidity is closely connected.
 With appendix pointed south and pus collected around it,
 Over hepatic or right renal region, pain and tenderness sit.
 Over course of ascending colon, and the appendix lies then
 Pointing north, and post caecal or caecal and colic again.
 Fullness in right iliac fossa, most always comes late,
 After adhesions form and inflammation appears with its exudate.
 Excessive tenderness is a sign of pus, when I'm about
 Making patients, often with excruciating pain, cry out.
 And in the later stages I bring localized distention, too,
 To a localized peritonitis this alone is due.
 When general constipation may be a cause of distention and pain,
 Or paralysis, mechanical obstruction and peritonitis along in its train.
 On account of tenderness, rigidity and pain in this trying condition,
 A tumor is hard to detect in whatever position,
 Unless the disease has somewhat advanced in its course,
 And adhesions and infiltrations are detected along its source.

A rectal or vaginal examination may be
 the only way
 To discover the mass which abdominal pal-
 pation fails to convey.
 It is exceptional in pus formation a chill to
 bring along.
 And so quite often the patient sings the
 angel's song,
 Because physicians think the absence of a
 chill precludes
 The possibility of suppuration, and thus ap-
 pendicitis dupes and oft deludes.
 The differential diagnosis causes trouble
 more or less,
 Whether typhoid fever or appendicitis must
 decide the doctor's ultimate success.
 But in typhoid's early stages there is al-
 ways slow onset,
 Headache, temperature's high record and
 other symptoms, to be met;
 Various affections of the genito-urinary
 tract also,
 And intestinal obstruction, bother in the
 diagnosis, as you know.
 Intussusception in children, dysentery and
 many others,
 Must be thought of, ere the diagnosis of
 the learned brothers.
 Biliary colic and appendicitis it's some-
 times difficult to decide between,
 But the history and the gall-stones when-
 ever they are seen,
 Will clear the diagnosis up and please the
 doctor, too,
 If his hobby has been gall-stones, his medi-
 cal life all through.
 The prognosis in every case of appendicitis
 must depend
 Upon the form of treatment in the begin-
 ning, not the end.
 If early as possible the diseased appendix
 is taken away,
 The case may go on to recovery day by
 day.
 Although some cases recover through
 medical treatment alone,
 There's no assurance that I'll never come
 again to make their moan.
 The prognosis, during or after operation,
 will depend also upon
 The conditions found ere the surgeon's
 work was done.
 They talk about a "leaky" skin, and pulse
 that's running, too,
 And general purulent peritonitis, as they
 clean their knives when through,
 While I sit and laugh over the time the
 doctors lost,
 When they couldn't agree with each other
 at any cost.
 What the trouble was they found out at
 last.
 But my work was done and the die was
 cast,
 Ere the surgeon was called to offer the
 only hope.
 And with adhesions between the appendix
 and coils of intestines to cope.
 When it comes to treatment without the
 aid of the knife,
 There is difference of opinion which some-
 times leads to strife.
 Laxatives, some say, should be given, even
 though by nature drastic.
 Castor oil or calomel at once, or saline pill
 cathartic.
 If the nausea should persist, give the hy-
 drag still,
 In large or minute doses, with bicarbonate
 of soda, if you will,
 Until the desired effect is obtained, says
 another of eminent knowledge,
 And this also is taught in many a medical
 college.
 Laxatives are also called for in diarrhoea,
 as there's no contraindication
 Against their use in this condition, no
 more than constipation.
 This laxative is always given for a three-
 fold purpose, they say,
 To relieve the pain and clear the intestinal
 tract each day
 Of all irritating materials, and also to di-
 minish
 The virulence of attack, ere micro-organ-
 isms their work shall finish.
 And to set up active peristalsis in intes-
 tines and appendix, too,
 Thus helping the organ to empty itself and
 its strength renew.
 Castor oil is the best to unload the bowels
 they know,
 Without causing an outflow of serum from
 intestinal circulation.
 Better than salts, in the early stage, the doc-
 tors mostly agree,
 But when peritonitis develops and deple-
 tion they wish to see
 Of intestinal circulation, salts then give for
 all that's in it.
 And by so doing danger from an over-
 loaded bowel also then remit.
 Of all the drugs responsible for more than
 one mistake
 Is opium, given to ease the pain and ache,

To block the bowels and cause distention
 of the vast intestinal tract,
 To help the nausea right along just by this
 simple act.
 The worst objection to the drug, however,
 the surgeons say,
 Is that it masks a'l symptoms within the
 abdomens each day,
 And counsel is not sought because of ease
 from pain,
 But I from my dastardly work do not even
 refrain.
 And the death rate increases, and they can-
 not tell why,
 And they give more of the opium and pon-
 der and sigh.
 But a large percentage of deaths is due, no
 doubt,
 To the indiscriminate use of this drug in
 their cases throughout.
 Blisters and fever mixtures also help ap-
 pendicitis in its work;
 But cold applications modify the inflamma-
 tion and hasten resolution where I
 lurk.
 Asafoetida also helps relieve the pain and
 aids peristalsis, as you know.
 The diet should be of a liquid form in these
 cases, for so
 Little may be left of any residue to do more
 harm
 To the intestinal tract and cause the patient
 more alarm.
 But the question with which surgeons
 should have most concern.
 Is in regard to operation, and if possible
 to learn,
 Whether it is better late or early in the
 appendiceal case
 To perform an operation after diagnosis,
 spite of time or place.
 And I stand within the background and
 await the issue,
 Knowing in the early operation as they cut
 into the tissue
 They will have a clean incision, as they hunt
 appendix, too.
 But in long-continued cases they will have
 with pus to do.
 And with the little microbes. I shake my-
 self with laughter,
 As they hurriedly hunt for the appendix
 and speak of the hereafter.
 For I know the risk is greater, for the
 trembling soul also,
 Though they find the sloughed appendix,
 and remove it ere they go.

And, if possible, the diseased appendix
 should always be removed, unless
 It's deeply imbedded and bound with ad-
 hesions, and then they confess
 It's better to leave it than add to the
 danger already there.
 Persistent vomiting and a rapid pulse
 makes them also beware,
 With a "leaky" skin, a diffuse peritonitis
 and approaching collapse also,
 They refuse to give the patient his only
 chance and go.
 For fear of fatal results they would rather
 wait
 Until the peritonitis subsides, then at a
 later date,
 If the constitutional conditions improve,
 they cut into the tissue,
 With the hope also of a more successful
 issue;
 Yet often it's proven the deferred operation
 is quite too late,
 There follows no improvement, and the
 patient enters thro' the pearly gate.
 Though the technique varies with the na-
 ture of the case,
 There are certain features that affect ap-
 pendicitis with the race,
 Ere the day of operation to be carried out,
 when feasible alway,
 And I watch and wonder of the outcome
 day by day.
 Chronic cases of appendicitis should be
 always put to bed,
 Several days before time set for operation,
 it is said,
 And their diet must be light to be easily
 digested.
 The urine must be examined, too, as the
 doctor has requested,
 The bowels thoroughly evacuated by a lax-
 ative the day preceding;
 And an enema given on the morning to
 the operation leading.
 A bath of hot water and soap is given the
 night before,
 Rinsed with a saturated solution of acid
 boracic o'er and o'er
 Is the patient, and clothes and bed linen
 are changed also;
 Then again scrubbed with green soap or
 Johnson's aseptic, you know.
 Hot water and brush, then, around the um-
 bilicus, is with vigor applied,
 Until the patient wishes of appendicitis
 long ago that he had died!
 The immediate site and skin surrounding
 is also shaved before,

That dead epidermis, hair, and dirt may be removed also,
 Then rescrubbed with soap and water is the abdomen again,
 Followed by successive applications upon aseptic cotton, then,
 Of alcohol and ether, that fatty material can be removed outright;
 Followed by a thorough scrubbing with corrosive sublimate that night.
 Strength 1:1000, while i, with every microbe, trembling move about!
 A sterile towel with sublimate solution to keep the other microbes out
 Is placed upon the abdomen and fastened by a bandage, too,
 And then they let the patient rest, knowing their work is through.
 But on the morrow they etherize him and then
 They wash the abdomen with 1:2000 bichloride solution again.
 Their sheets and towels are also sterilized and now
 They say for operation they are quite ready, while I vow,
 For all of sublimate solution, to hold my own, if able,
 And just for spite to let the patient die upon the table.
 Their instruments are disinfected and of the finest make,
 Their knives all sterilized are enough to make appendicitis quake.
 The two incisions most suitable for operation, they say,
 Are those to the right of the median line always,
 McBurney's and simple incision are the only ones that are right,
 The median one is dangerous, not anatomical and irrational in their sight.
 The simple incision divides the layers of the abdominal wall,
 The incision down to the peritoneum as far as I recall,
 Is about three inches long, and begins, the surgeons say,
 An inch above a line drawn between umbilicus always,
 And the anterior superior iliac spine as they call it.
 Where pus is suspected they make incisions to the right a bit,
 Just above Poupart's ligament running parallel with it also.
 This permits of better drainage and lessens danger as they go.

They make the incision in the peritoneum an inch in length about,
 And through this opening bring the cæcum and little appendix out,
 And when they get their hold on it they seem quite satisfied
 And say unless they had removed it the patient would have died.
 Sometimes they think McBurney's method of opening into abdomen the best;
 Here the incision is slightly curved to better stand the test.
 It's about two inches long, midway between the right semi-lunar line
 (If you would mark it with the chalk or with a twine)
 And the anterior superior spine of the ilium too.
 They divide the muscles and the delicate fascia through;
 The transversalis fascia is also well exposed and then divided.
 The transverse section of the peritoneum made, retractors are then provided
 To separate the edges of the wound and aid the surgeons better
 To handle the coecum and remove the appendix to the letter.
 There's plenty of irrigating also done with salt solution
 And carbolic, and boric acid to cleanse and wash away pollution.
 Their fingers displace the instruments as much as possible in dissection,
 That better may be the result for patient and family connection.
 When the appendix is amputated and the stump antiseptized and buried within,
 The wound must be closed and they think it no sin
 To stitch it with catgut, with silk or silver wire also.
 The last they delight in, for it's fully aseptic they know.
 They talk about the interrupted sutures, and buried sutures, too,
 As they stitch the layers together, or separately all through,
 And think they better hermetically seal the wound along its way
 With iodoform collodion, to prevent microbes from entering within they say.
 When an abscess has formed there is greater cause for alarm
 And requires skillful manipulation to remove appendix and not harm

Or infect the general peritoneal cavity ere
 their work is done,
 That the patient may recover and the bill
 be won.
 The dressing consists of layers of iodoform
 gauze also,
 And sterilized cotton and bandages over it
 all to go.
 The complications that appendicitis brings
 about before or after operations
 Are many to annoy the surgeons in this or
 other nations.
 Unusual positions of appendix may offer
 difficulties to its being found,
 If pus collections surround, or with great
 omentum it is bound.
 A meso-appendix loaded with fat may
 bleed and cause trouble also
 In the removal of the little diseased ap-
 pendix, you know,
 Certain conditions also interfere with re-
 covery and complicate the course,
 An abscess may rupture and pus flow along
 its source,
 Peritonitis may be present and the prog-
 nosis will depend,
 Upon condition of peritoneum at the time
 of operation for the end.
 Obstruction of the bowel due to adhesions
 may also be found,
 Or appendix may be adherent to ab-
 dominal or pelvic viscera around;
 After operation, a constipated condition of
 the bowels may cause trouble, too.
 Hernia may also follow after operation is
 through.
 Fæcal fistula is the most annoying thing I
 bring
 As sequellæ of appendicitis, just to make
 the surgeon sing
 In a way that's not becoming, even though
 he knows
 It may take another operation, 'ere it all
 together grows.
 They divide the cases after operation into
 but three kinds,
 Simp'le, uncomplicated cases where the
 wound is closed along the lines,
 Where they use the glass or rubber tube
 for drainage, too,
 And where gauze within abdominal cavity
 is left after operation's through.
 Isolated should the patient be and watched
 by nurses night and day,
 Until all effect of ether shall have passed
 away.
 By close attention to the after treatment
 they may pull him through,

But no morphia must be given or nourish-
 ment it's true,
 For many hours thereafter lest the stom-
 ach should rebel,
 And vomiting ensue and pain enough to
 make him yell.
 If stimulation's needed, hypodermatic in-
 jections they must give.
 Of whisky and atropia, if they would have
 the patient live.
 Temperature and pulse rate must be taken
 every hour or so;
 With hot water bottles patient must be kept
 quite warm also;
 The urine must be examined and catheter
 used if there's need.
 Asafoetida may be given for intestinal dis-
 tension and pain indeed.
 Calomel seems to be a favorite with the
 surgeons, too,
 And seasoned well with soda it helps the
 patient through.
 The gauze and rubber tube is left only for
 a day or so,
 And the wound for the first five days with-
 out attention may also go.
 All's well if temperature and general con-
 dition of patient is right,
 But local pain or rise of temperature in day
 or night,
 Will make them search for source of irri-
 tation, too.
 By renewal of the dressing lest a microbe
 has gone through.
 Peptonized milk and broth after a time may
 be given also
 And increase in diet as the case improves
 you know.
 In simple cases after dressing is removed
 and stitches taken out,
 A soft aseptic dressing is applied and re-
 mains five days about,
 Then the abdominal supporter is adjusted
 and the patient leaves the bed.
 As appendicitis and the microbes all have
 taken leave, it's said.
 But when thus it happens, then I say with
 great disdain,
 That the surgeon's got the appendix, but
 microbes still on earth remain.
 And I croak on leaving, study well, oh, sur-
 geon! every case throughout,
 And, physician, if you would succeed in
 practice, never be in doubt,
 Lest through wrong and foolish diagnosis,
 I your patient take,
 And at judgment seat against you they
 their accusation make.

Study well the latest methods, never get into a rut,
And above all things in operation, never cut a gut!

Examinations of the U. S. Army Board.

Those who may wish to apply for positions as surgeons for the U. S. should not anticipate that they will have awaiting them any "soft-snap," so far as examination is concerned, even after they may have passed successfully the physical examination. The papers recently given to over forty applicants at Springfield, while thoroughly practical, were most comprehensive and decidedly exacting, and it is little wonder that there were in the number several who failed to reach the required standard.

It is at the same time a matter of congratulation that, as might have been expected, the popular and versatile G. Frank Lydston, M. D., Major Second Regiment of Chicago, had the honor of rating the highest in the following examination:

SURGERY AND ANATOMY.

1. Detail the treatment of a recent case of compound fracture of the leg.
2. Describe the different kinds of acute synovitis and outline treatment of each.
3. When should you wait for a line of demarcation in gangrene before amputating?
4. From what vessels might hemorrhage come in a wound of upper thigh?
5. Enumerate the coverings of an oblique inguinal hernia.
6. Name the flexors of the forearm and give points of origin and insertion.

PRACTICE OF MEDICINE.

1. Describe pneumonia, definition, etiology, morbid anatomy, symptoms, complications, prognosis, termination, diagnosis, treatment.
2. Describe dysentery, definition, etiology, clinical forms, complications and sequelæ, treatment.
3. Describe yellow fever, definition, etiology, morbid anatomy, symptoms, diagnosis, prognosis, prophylaxis, treatment.

MATERIA MEDICA.

1. What are the more common forms of mercury used in medicine? Write prescriptions for four.
2. Mention the comparative advantage of ether and chloroform as anesthetics.
3. Indications for the use of emetics, cathartics and alcohol.

HYGIENE.

1. Give your ideas on the selection and sanitation of camps.
2. The prophylaxis and treatment of sunstroke.
3. How would you determine in the field, in a general way, the salubrity of the water supply, and what measures would you take for preventing its pollution?

MILITARY SURGERY.

1. Give method of treating (temporary) gunshot fracture of the thigh on the field, and when and how would you remove the patient?
2. What is the effect produced by the modern small, jacketed bullet compared with the old large caliber missile?
3. Give method of procedure in rendering first aid to and removal of wounded from fighting line to field hospital.



ABSTRACT.

Slight Errors of Refraction as a Cause of Discomfort and Disease.

Gillard S. Tennent, M. D., Asheville, N. C., contributes an interesting article to the *Charlotte Medical Journal*, in which he says:

"1. The trouble resulting from low degrees of ametropia is reflex in character, and involves the central nervous system.

"2. This trouble is disproportionate to the prime cause, and its severity depends upon the susceptibility of the individual nervous system.

"3. Anything which lowers the resisting power of the nervous system, or which increases the irritation of the ocular defect, tends to increase it.

"4. Eye strain is the beginning of the trouble, which may be asthenopia, accommodative or muscular, or may assume slight inflammatory forms.

"5. This strain is a result of interference with the harmony of accommodation and convergence.

"6. Its importance is due to the complexity of the visual act and its intimate relation to the whole nervous system.

"7. Its results may be far-reaching, and it forms one of the principal factors in the etiology of headache.

"8. Exact diagnosis, by a reliable objective examination, is of the utmost importance, and should rarely be made without the aid of a mydriatic."

The Much Abused Nose.

A paper with this suggestive title appears in the *Atlantic Medical Weekly*, by its editor, Dr. F. T. Rogers, Providence, R. I.

The article contains many pertinent suggestions as to meddlesome treatment, faulty diagnosis and in fact is replete with suggestions which not only the specialists, but the general practitioner should read.

In speaking of sprays containing cocaine the author mentions the toxic effects sometimes seen; of the danger of drug habit and recommends eucaine as a safe and very efficient substitute.

He says regarding posterior hypertrophies:

"Posterior hypertrophies should be removed with a snare; septal spurs and ridges, which crowd into the opposing tissues, disturb circulatory action and consequent nu-

trition, should be removed by the saw.

"In passing judgment upon these ecchondroses we should not forget that few noses are symmetrical. Convolutions, eminences and depressions are constant and are not necessarily a source of irritation, and under no circumstances should our desire to do something radical prompt us to interfere unless there is a direct proof of its causative factor in nasal disease.

"Po'ypi should be removed by the snare, never by torsion or biting instruments, and never save when the field of operation is abundantly illuminated and the operator has a perfect knowledge of the tissues enclosed in the loop.

"Aside from surgical measures, relief in some cases may be obtained by the topical application of iodine, tannin and other astringents. The camphor-menthol solution applied either in a spray of five to ten per cent., or on pledgets of cotton soaked in it, will relieve the turgescence, diminish blood supply and render the patient more comfortable. In no better way can this remedy be employed than by the Globe nebulizer and it is in daily use in my own practice with excellent results.

"Many different formulæ may be used, but the two of most value are the camphor-menthol just mentioned and a solution of iodine.

"Surgical procedures will in most cases be necessary, and, in general use, the simplest method possible. Avoid extensive lacerations of membrane. The saw should be sharp and used without much force—simply guide it and allow it to do the cutting. To remove exostoses it is absolutely without an equal; to remove hypertrophies, the knife, snare or scissors should be preferred.

"The after treatment is essential and daily dressings should be made to prevent the formation of fibrous bands and untoward cicatrices.

"A deflected septum is oftentimes an unpleasant factor, but this can only be remedied by operative means, and this particular operation is one which seems simple enough but which will involve the operator of scant experience in a sea of troubles before he dismisses his first case with a patent nostril.

"The numerous nasal reflexes, the dysmenorrhea caused by hypertrophy of the left turbinate, the epilepsy caused by a spur of the septum, and insanity caused by a

deflected septum, are beyond my ken and I cannot advise you personally. Aside from the mental effect upon some patients of an operative measure, I believe there is no real benefit to be gained in such cases, but, on the other hand, headaches, disturbed vision and even choreic manifestations may be caused by nasal irritation, while all acknowledge the remote effects of persistent and habitual mouth-breathing. The successful physician to-day is one who recognizes the possibility of such conditions and dares to attempt a cure. One such success outweighs a score of failures.

"In brief, to be successful in treating the nose:

"Understand its structure and do not do anything blindly, or without good reason.

"Always make a careful anterior and posterior rhinoscopic examination, and do not accept a snap diagnosis.

"Always clean the nose, and don't allow the patient to go with it unclean.

"Give him definite instructions and methods of procedure, and don't take for granted that he knows how to use a douche, but tell him what to use, and don't allow home remedies like salt water or Pond's extract.

"Pay attention to the general health and don't forget that the nose is an integral part of the system, not a thing apart from it.

"Pay personal attention to the patient and each detail of treatment. Don't trust him too much.

"Recognize the principles of successful surgery, and don't cut, saw and burn indiscriminately.

"Examine each case to see if the caliber of the canal is diminished and if there is obstructed breathing, and don't fail to correct it by surgical means.

"Remember the dangers of prolonged mouth-breathing, both as to liability of infectious disease, lack of power to resist disease and tendency to pulmonary complications, and don't allow adenoids to go unrelieved, in the hopes that the patient will grow out of it.

"Remember the failings of the human race, and don't forget the possibility of syphilis even in ministers, deacons or the lights of society.

"Use knowledge, science and skill in treating the nose, and don't forget to use common sense."—Medical Review of Reviews.

A National Public Health Commission.

The bill drafted under the direction of the committee appointed by the American Medical Association, for the establishment of a National Public Health Commission, has been presented to the House of Representatives. The bill has been approved also by the American Public Health Association, the largest sanitary body in the world. The importance of such a commission as will be created by the passage of the bill cannot be overestimated. If we consider the vast amount of good that is done by the National Quarantine and Marine Hospital Service, and add to this what might be accomplished by an extension of such service over the entire country, particularly for the prevention of preventable diseases, we can have at least a slight idea of the result. We strongly urge upon our readers that they urge the members of Congress from their districts to vote for and to work for the passage of the bill. It is but natural to expect opposition from the Hospital and Quarantine Service, as these would probably be made subordinate to the new commission. Such opposition will not however, reflect credit upon those from whom it may emanate. No selfish motive of any kind should be permitted to stand in the way of the public good.—Ohio Medical Journal.

An Interesting Engraving.

There has just been issued a handsome engraving of an old painting of the first meeting of the Medical Society of London which was held in 1773 and it contains portraits from life of the most prominent of the original members.

Among those represented are: Edward Jenner; William Saunders, whose work on "Diseases of the Liver" was the authority for many years; John Aikin, a noted miscellaneous writer and the publisher of a "General Biography;" William Babington, author of a "New System of Mineralogy" and one of the founders of the "Geological Society;" Thornton, author of a "Philosophy of Medicine;" Edward Bancroft, a naturalist; Robert Hooper, who published a "Medical Dictionary;" and a number of other famous men of their day.

As this was probably the first medical society on record and was the predecessor of the British Medical Society, the engraving represents an event of much interest

to every member of the medical profession and should prove an attractive addition to the walls of the office or home.

A copy will be mailed to any physician applying for it, by the proprietors of the Tongaline preparations, the Mellier Drug Company, No. 2112 Locust Street, St. Louis.

Doctor's Easy Victims.

It is astonishing to what a degree medical men are susceptible to the soft blandishments and wily arts of fake promoters. A pleasing manner and address, a glib tongue and the faintest shadow of plausibility for the scheme suggested are all the capital required to secure the enthusiastic interest and incidentally the shekels of the average doctor. The hard worked doctor with two, three, possibly five thousand dollars of accumulated surplus, representing years of toil and thrift, the product of the sweat of the inside of his brow, is approached by one of these conscienceless phagocytes in human guise, with a scheme for a water filter, a land purchase, a health resort, hotel or sanitarium, a mineral water, a new scheme of protective insurance, etc., etc.

It is true that all men, regardless of occupation or professional training, may and do make mistakes in business investments, but it seems peculiarly a medical affliction. I venture the assertion in support of this statement that less than 5 per cent. of the readers of this paragraph have escaped just such an experience. The writer can recall three schemes within the past three years which have "died aborning" or have at most survived barely a few months of rachitic infancy. More than \$50,000 were sunk in these three schemes, every penny of which came from the pockets of medical men. The explanation for this state of affairs is not altogether satisfactory. Physicians lack business training for one thing. They rarely give personal or direct attention to non-professional business interests, not having the time. Add to these the fact that physicians as a class are more or less theorists and the further fact that the mental training in medical practice tends to the development of the gambling or chance-taking instinct and you have some of the factors throwing light on the situation. The remedy lies in the cultivation personally of ordinary business methods. Consult your

lawyer before investing. The legal fee expended will prove a wise economy. Not only is your money but often your good name at stake. If, in spite of caution, you are victimized, do not hide the fact, but give your medical confreres the benefit of your experience, affording a deterrent example. If possible, punish the fraud of the promoter by either legal process or exposure. Either method will accomplish his destruction, since by depriving him of victims you compass his certain death by inanition.—New York Polyclinic.

Old Remedy—New Uses.

There are very many important uses for antikamnia, of which physicians as a rule may be uninformed. A five-grain antikamnia tablet prescribed for patients before starting on an outing, and this includes tourists, picnickers, bicyclers, and, in fact, anybody who is out in the sun and air all day, will entirely prevent that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched sightseer's headache." The nervous headache and irritable condition of the busy business man is prevented by the timely use of a ten-grain dose. Every bicycle rider, after a hard run, should be advised a bath and a good rub down, and two five-grain antikamnia tablets on going to bed. In the morning he will awaken minus the usual muscular pains, aches and soreness. As a preventive of the above conditions, antikamnia is a wonder, a charming wonder, and one trial is enough to convince.

Improvements in the Treatment of Fracture.

The activity in operative surgery characteristic of recent years has not failed to make its impress upon the treatment of fractures. Some of the advances recently made in this important class of injuries do not seem to have received sufficient attention at the hands of the profession at large. Many physicians who have not kept pace with the onward march of surgical science continue to expect suppuration, necrosis and septic complications in open (the so-called compound) fractures; anticipate a prolonged anchylosis of the fingers after

fractures of the radius near the wrist; permit unnecessary deformity after fractures of the tibia and fibula near the ankle, because they neglect to cut the tendon of Achilles; and decline to refracture, or to perform osteotomy on deformed union, the result of unreduced fractures. The frequency of fractures and the liability of every practitioner to be asked to treat them are imperative reasons for the careful study of the best methods of dealing with such lesions. The disability and deformity often following fractures are by no means always necessary. Intelligent modern treatment has not only lessened the period of restraint formerly thought necessary for a cure, but has markedly reduced the discomfort and pain which were considered unavoidable incidents of the period of convalescence. Open fractures may, by free incision, thorough cleansing and disinfection and proper antiseptic dressings, often be entirely freed from liability to suppurative complications. Closed fractures may, by proper and complete reduction of fragments, after inspection by means of incision if necessary, be usually carried to a successful issue without much pain, discomfort or subsequent stiffness of muscles and joints.

Examination with the Röntgen ray will not infrequently reveal the necessity for an incision to obtain complete disentanglement of the fragments and accurate coaptation. This recent addition to the methods of examination in fractures promises to be of inestimable value, though its use must be accompanied by a careful and judicious interpretation of its revelations.

The employment of plastic splints made of gauze bandages and plaster-of-paris enables the surgeon to discard many of the carved and ill-fitting splints formerly used. Fracture dressings are thereby made more comfortable and less weighty. In appropriate cases ambulant splints may be made from these materials and the patient allowed to leave his bed a short time after the receipt of a fracture of the tibia and fibula. Massage to hasten absorption of blood and inflammatory exudate is always valuable in the late treatment of broken bones, and may often be advantageous from the start. Well informed physicians now know that aseptic wounds, short periods of disability, and rapid and complete convalescence may often be obtained

in cases of fractures, provided the medical attendant be familiar with the advances in surgical science and combine mechanical principles and common sense with a sound knowledge of surgical pathology.—Phil. Med. Jour.

Gynecology and the Bicycle.

The season has again arrived when the physician must consider and advise in the use of the bicycle. It is a subject worthy of serious consideration by virtue of the large influence the "wheel" exerts upon health and disease. And it is the saddle that is to engage our especial attention. With a properly adjusted saddle there can be no more healthful exercise save in the exceptional cases where the bicycle becomes positively injurious. All are familiar with the irritating effects of a badly-fitting saddle upon the prostate gland and prostatic urethra; but it is its effects upon health and disease in women and girls that now demand the especial attention of the medical profession.

Fauquez recommends the bicycle in cases where there is complete normality of the genitals associated with obesity, anæmia, neurasthenia, sterility, delayed menstruation or disorders of the menopause. In pelvic disorders, implying malnutrition of the organs and tissues of the pelvis, in passive congestion of these tissues, in amenorrhœa, due to imperfect development of the uterus and ovaries, in nervous, congestive, obstructive and membranous dysmenorrhœa, in simple irregularities of the menstruations, in displacements and flexions of the uterus, and in low-grade pelvic inflammations, including chronic metritis, chronic ovaritis and salpingitis, the moderate use of the bicycle will be a decided benefit.

On the other hand, it is contraindicated in all acute inflammations of the pelvic tissue and of the genito-urinary tract. It is further contraindicated in amenorrhœa caused by diabetes, carcinoma, tuberculosis and nephritis, in metrorrhagia, menorrhagia and bleeding fibroids.

Proprietary Remedies.

Dr. C. C. Fite, in a recent excellent article entitled, "The Solution of the Proprietary Medicine Question," does not

claim to have discovered a solution of the question, but that he has discovered the discoverer of it. He refers to the excellent editorial in the Philadelphia Medical Journal of January 22, in which the editor draws a clear line between secret and proprietary medicines. Dr. Fite shows that the Pharmacopeia must recognize many proprietary medicines which are of unquestionable utility, or cease to be the guide of the practitioner. The mere fact that a certain manufacturer has expended thousands of dollars in the preparation of methods for the manufacture of preparations of unusual excellence is no ground for the exclusion of his preparations from the Pharmacopeia, providing he makes known the ingredients which enter into their composition. On the other hand, no manufacturer should ask the profession to make use of preparations whose composition he refuses to reveal, even though his "testimonials" fill a book.

A Bill for the Establishment of a State Board of Medical Examiners.

For an Act to establish a State Board of Medical Examiners, prescribing its powers and duties, to provide for the licensing of practitioners of medicine and midwifery, and to regulate the practice of medicine and midwifery in the State of Illinois, and imposing penalties and to repeal all acts or parts of acts in conflict herewith:

Section 1. Be it enacted by the People of the State of Illinois represented in the General Assembly: That a board of examiners, to be known as the "State Board of Medical Examiners," shall be appointed as follows: Within sixty days after this act shall take effect, the Governor shall appoint seven (7) physicians of recognized professional ability and standing, who have received a degree of Doctor of Medicine from some recognized college in good standing with the State Board of Health, as members of said board, no one school of practice to have a majority, who shall hold their office until their successors are appointed and qualified. The members of said board so first appointed shall determine by lot their respective terms of office, so that the term of one member shall expire on December 31st, 1899, and the term of one member on December 31st in each year thereafter. And at the expiration of the term of office of each of the members of the board, the Governor shall appoint his or their successor or successors, whose term of office shall be for the period of seven (7) years; and all vacancies occurring in the membership of the board, by resignation or otherwise, shall be filled by the Governor, and all appointments on the board shall be made from physicians having the quali-

fications prescribed herein for members of the first board: Provided, however, that all appointments shall be made with the advice and consent of the Senate, but appointments made when the Senate is not in session may be confirmed at the next ensuing session thereof.

Sec. 2. The said board shall, within thirty days after its appointment, meet and organize by electing a president, vice-president and treasurer from among its members, and a secretary, who shall be a legally qualified physician, not a member of the board. Such officers shall hold office until the next annual meeting of the board, or until their successors are elected and qualified. The board shall prescribe the duties of its officers, and shall require the treasurer to give a satisfactory bond. The board shall adopt and have a common seal, and the president or presiding member and the secretary shall be empowered to administer oaths in taking testimony, or in any matter pertaining to the duties of the board. A majority of the board shall constitute a quorum for the transaction of any business. It shall adopt such rules, regulations and by-laws as it may deem necessary or proper, to enable it to properly perform its duties and transact its business.

Sec. 3. The annual meeting of the board for the election of officers shall be held in the state capitol on the second Tuesday of January, in each year. The board shall also hold regular meetings on the second Tuesdays in April, July and October in each year, at such places as it may determine, and may hold other meetings at such times and places as it may deem necessary, or its duties may require. It shall keep an official record of all its proceedings and a complete file of all applications for licenses, together with the correspondence pertaining thereto, and of all examination papers, and shall make a report of its transactions annually, to the Governor, which shall include a statement of all moneys received and disbursed by it, and an official list of all physicians and midwives authorized to practice in this state.

Sec. 4. No person shall hereafter begin the practice of medicine or any of the branches thereof, in this state, without first applying for and obtaining a license from said board so to do. Applications shall be accompanied by the examination fees hereinafter specified, and with proof that the applicant is of good moral character and has received a diploma conferring upon the applicant the degree of Doctor of Medicine from some legally incorporated medical institution in good standing, as may be determined by the board at the time of issuing said diploma. When the application and diploma aforesaid have been inspected by the board, and found to comply with the foregoing provisions, the board shall notify the applicant to appear before it for examination, at the time and place mentioned in such notice. Such examination shall be in the English language, and embrace those general subjects and topics, a knowledge of which is commonly and generally required of candidates for the degree of Doctor of Medicine by reputable medical colleges in the United States. No person shall hereafter begin the practice of midwifery in this state without first applying for and obtaining a license from said board so to do. Applications shall be in writing, and in the form prescribed by

the board, and shall be accompanied by examination fee hereinafter specified and with proof that applicant is of good moral character, and has received a diploma from a school of midwifery, complying with the requirements of the board. When the application and proofs aforesaid have been inspected by the board, and found to comply with the foregoing provisions, the board shall notify the applicant to appear before it for examination, at the time and place mentioned in such notice. Such examination shall be in the English language, and of such character as to determine the qualifications of the applicant to practice midwifery. All examinations provided for in this act shall be conducted under rules and regulations prescribed by the board, which shall provide for a fair and wholly impartial method of examination. If the applicant successfully passes his or her examination, the board shall issue to such applicant a license authorizing him or her to practice medicine or midwifery, as the case may be, in this state. Such license shall be in such form as may be determined by the board, and in accordance with the provision of this act: Provided, however, any willful violation, on the part of the applicant, or any of the rules and regulations of the board governing examination, shall be sufficient cause for the board to refuse to issue a license to such applicant.

Sec. 5. The examination fee for those desiring to begin the practice of medicine under the foregoing section shall be \$20.00, and for those desiring to begin the practice of midwifery the examination fee shall be \$15.00, and in all cases the examination fee must accompany the application.

Sec. 6. That all persons who, at the date of taking effect of this act, are qualified to practice medicine or midwifery, under the laws of this state, in force at the time of the passage of this act, and who desire to continue in practice, shall, within six months after the appointment and organization of the board of examiners, provided for in this act, apply to such board for a license, which shall be issued by the board on the payment of a fee not to exceed fifty cents: Provided, the board may refuse to issue such license to any such applicant for cause as hereinafter provided. All licenses issued under the provisions of this and the foregoing sections shall expire on a date to be named therein, not more than one year from the date of issue, so that all licenses outstanding at one time shall, as nearly as may be, expire on the same date.

Sec. 7. That all licenses issued under the provision of this act, at the date of their expiration, be renewed for a period of one year, upon payment to the board of a renewal fee not to exceed fifty cents, which renewal shall be evidenced by a new license: Provided, however, the board may refuse such license for cause, as hereinafter provided.

The failure of a licentiate to obtain a renewal of license at the date of its expiration shall render such practitioner liable to the penalties provided for by this act for practicing without a license, but will not prevent application for a renewal license at some subsequent date, not later than one year from the date of expiration of his former license, which shall expire at the

same date as if within which time, subject to all the conditions for renewals hereafter provided for, the board may issue a renewal license issued at the date of expiration of his former license. Provided, however, retirement from practice or removal from the state shall not deprive the licentiate of a right to a renewal within five years after such retirement or removal. All original licenses issued by the board shall be signed by all the members of the board. All renewals shall be signed by the president and secretary of the board and attested by the seal of the board, date of expiration of his former license. Provided, however, retirement from practice or removal from the state shall not deprive the licentiate of a right to a renewal within five years after such retirement or removal. All original licenses issued by the board shall be signed by all the members of the board. All renewals shall be signed by the president and secretary of the board and attested by the seal of the board.

(Note.)—There seems to be some misapprehension as to the object of the renewal fee, which makes an explanation necessary. The principal object of this provision is to overcome a legal difficulty in the matter of revoking and withholding licenses.

A licensing body which is given discretionary power may refuse to exercise the authority conferred, in which event the only way to compel the exercise of that authority is by mandamus proceeding. The records of the courts show that it is only in cases where such discretionary power is manifestly abused that a mandamus will lie. On the other hand, where a license is granted, that license becomes a vested right during the time for which it is granted, the exercise of which right even the licensing body cannot take away except by due process of law. This has been proven by the experience of our late State Board of Health to be burdensome, expensive and impracticable; hence the necessity not only for a law which operates as a check upon disreputables obtaining a license, but also to provide some practical means for taking away the license for good cause when it has been granted. This feature of the law restores to the licensing body, once a year, that discretionary power which seems to be the only practicable way to reach this class, who make the enactment of such laws necessary. In other words, we place them on the offensive instead of, as now, on the defensive, which, we are informed upon the very best legal authority, will make practicable the suppression of the most obnoxious features of quackery and will enable the board to exclude from the privileges of practice the disreputables already in the state. In addition, the license fee is the contribution of each reputable physician in the state to the treasury of the board of examiners to enable it to make a successful fight against the quacks and should not be considered in any sense a tax, but rather as an insurance premium against fraud. Furthermore, the fees charged for the licensing of new practitioners are not sufficient to support the board, and in order to secure the adoption of a law of this kind it will be necessary to show the Legislature that it will not carry with it any appropriation from the state treasury. The failure to make a provision of this kind is the prin-

cial element of weakness of the New York law, which otherwise works well. The committee on medical legislation in the New York State Society, in their report last year, had this to say:

"Your committee take this occasion to refer to the defect in the medical practice law, which makes no adequate provision for the revocation of licenses of physicians for cause. This defect, we believe, should be corrected, as unfortunately some regularly licensed physicians subsequently became notoriously irregular and offensive as to their methods in practice, but are still under the protection of their legally obtained license. Unjust advantages may be taken in this manner by unscrupulous physicians, and it has come to the knowledge of this committee that in other states which are infested by this class a strong movement is on foot to provide for revocation in such cases."

In adopting the license feature we are following the precedent established by the pharmacy law. When this law was first proposed it was violently opposed by a large majority of the pharmacists, but it has worked so well that its repeal would be as strenuously opposed. We believe it will prove even more satisfactory to the medical profession. In fact, we regard this provision as the strength of the bill.

Sec. 8. The board may refuse to issue any license provided for by this act, whether an original or renewal license, if it shall appear that the person applying therefor has been guilty of persistent inebriety or the practice of criminal abortion, has been convicted of a crime involving moral turpitude, or has, by false representations, obtained practice in his or her profession, or by the false or fraudulent practice of his or her profession has obtained money or any other thing of value: (Note.—This is as near as we can get to the advertising quack by a direct legal enactment.) Provided, however, no person shall be finally refused a license until after the applicant for the same has been given at least thirty days' notice of the grounds for such refusal, and opportunity given the accused for a hearing before the board to show cause why the board shall not finally refuse his or her license, at which hearing the accused shall be entitled to be represented by counsel.

Sec. 9. That any person shall be regarded as practicing medicine within the meaning of this act who shall operate for or upon, prescribe for, or otherwise treat, or profess to heal or cure any physical or mental ailment, or any physical injury to or deformity of another: Provided, nothing in this act shall be construed to apply to the practice of dentistry or pharmacy, or to the administration of domestic or family remedies in case of emergency, to commissioned surgeons of the United States army or navy, or marine hospital service, in the discharge of their official duties.

Sec. 10. That any itinerant vender of any drug, nostrum, ointment or appliance of any kind intended for the treatment of disease or injury, who shall vend or sell any such drug, nostrum or appliance, or who shall by writing or printing or any other method profess to the public to cure or treat disease or deformity by any drug, nostrum, or appliance, shall pay a license of one hundred (100) dollars per month into the treas-

ury of the board, to be collected by the board in the name of the People of the State of Illinois, for the use of said board. And it shall be lawful for the State Board of Medical Examiners to issue such license on application made to said board, said license to be signed by the president of the board and attested by the secretary with the seal of the board; but said board may, for sufficient cause, refuse said license. Any such itinerant vender who shall vend or sell any such drug, nostrum, ointment or appliance, or who shall, by writing or printing, or any other method, profess to cure or treat diseases or deformity by any drug, nostrum or appliance, without a license so to do, shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished for the first offense by a fine of not less than one hundred dollars, or by imprisonment in the county jail, for a period of not less than thirty nor more than ninety days, or by both fine and imprisonment, and for each subsequent offense the penalty shall be double that of the preceding one.

(Note.)—This section is substantially as present law.

Sec. 11. That the office expenses of the board, and all expenses arising from the proper enforcement of the provisions of this act, shall be paid from the fees above provided for, and from such fines as may accrue to the board for the violation of the provisions of this act.

Sec. 12. That the salary of the secretary of the board shall be fixed by the members of the board, and shall not exceed the sum of \$3,000 per annum. The members of the board shall receive no compensation, but their traveling and other expenses incurred while employed on the business of the board shall be paid.

Sec. 13. That any person hereafter practicing or attempting to practice medicine or midwifery in this state without having a license so to do, as herein provided for, or contrary to the provisions of this act, shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall be punished for the first offense by a fine of not less than one hundred dollars, and not exceeding two hundred dollars, or by imprisonment in the county still for a period of not less than thirty days nor more than ninety days, or by both fine and imprisonment, and for each subsequent offense, the penalty shall be double that of the preceding one: Provided, that the provisions of this section shall not apply, for a period of six months after the appointment and organization of the first board, to those persons who are qualified to practice medicine and surgery or midwifery, under the laws of this state in force at the time of the passage of this act.

Sec. 14. That all suits for the recovery of the several penalties prescribed in this act shall be prosecuted in the name of "The People of the State of Illinois," in any court having jurisdiction, and it shall be the duty of the state's attorney of the county where such offense is committed to prosecute all persons violating the provisions of this act, upon proper complaint being made. All penalties shall be paid into the treasury of the State Board of Medical Examiners.

Sec. 15. All acts and parts of acts inconsistent or in conflict with the provisions of this act are hereby repealed.

THE CHICAGO CLINICAL SCHOOL.

Chicago, May 22, 1898.

To Editor Chicago Clinic:

Dear Sir:—I have been attending the Chicago Clinical School for the past month and thought perhaps my observations might be of interest to the readers of the Chicago Clinic.

The class this month numbers twenty-eight, and I understand that this will be the last large class, as the faculty have decided to limit the membership of the class in the future to twenty, beginning June 1. This will doubtless make the course of much greater value to those who are fortunate enough to be of the twenty, but rather hard on the other fellows, who will have to wait or go somewhere else.

The clinical advantages of this school are being constantly developed and improved. The Cook County Hospital is about to open four new operating rooms, equipped with the most modern aseptic conveniences and appliances, in a building entirely separate from the general hospital. These operating rooms are arranged to hold about thirty spectators without crowding, and I am told that we will at all hours be welcome to all operations performed by those of the hospital staff who are members of the faculty of the Chicago Clinical School. This will be of great advantage, as we will thus be able to see the emergency surgery of a great city.

The West Side Hospital has been so full during my stay that patients have been turned away almost daily. For temporary relief, three flats have been rented in the neighborhood, for sleeping apartments for nurses and employes of the hospital, the rooms they occupied in the hospital being used for ward beds for patients. This will give room for twenty-four more patients.

The hospital authorities have recently purchased the vacant property extending from the hospital to Lincoln street. Plans are already drawn to build an addition to the present hospital, fronting 113 feet on Harrison street and 100 feet on Lincoln street, five stories and basement. The architect's elevation drawing is on exhibition in the corridor of the hospital. When this building is completed and occupied the clinical advantages of this school will be unsurpassed, and with a class of only

twenty, a month's course cannot but be of great value to any practitioner.

Amusing things will happen in the classroom and about the hospital, as elsewhere. One or two I must mention, even at the risk of incurring the editorial displeasure or having my diploma "shy" several signatures. The other day the Professor of Otology undertook to demonstrate the inflation of the middle ear with compressed air. With considerable ceremony he placed the patient in proper position, inserted the eustachian catheter, and turned on the compressed air. The patient gave a howl, jumped out of his chair, and a tiny stream of water squirted from the end of the catheter half-way across the room. A valve in the air compressor had broken, and the compressed air tank had filled up with water, under pressure from the roof of the building. The chagrin of the professor can be better imagined than elegantly and delicately described.

A patient was brought into the County Hospital a few days ago suffering from injuries resulting from a fall five stories down an elevator shaft. One leg was badly crushed, a compound comminuted fracture of the other, and he had bruises and cuts over his entire body. He remarked that he would not take such a fall again for two hundred dollars.

Female cadavers are difficult to obtain; at least they are at the Chicago Clinical School. One was obtained a few days ago and a gala night was arranged for the Professor of Gynecology to demonstrate the anatomy of the female pelvis. A fitting audience assembled, the lecturer carefully cut through the abdominal wall, explained the anatomy and location of the ovaries, and proceeded to say: "Gentlemen, the ovaries occupy this position in the pelvis, and as I lay back these tissues you will be able to see them." But they didn't. The ovaries were not accommodating. An ominous silence occurred, while careful search for the recreant ovaries was going on. The silence was at last broken by a guest, who was well-known as an expert anatomist, who kindly offered to assist the Professor of Gynecology by finding the ovaries. But he couldn't find them either. It was at last discovered that the subject had suffered in life from a vaginal hysterectomy.

The well-known weakness of another popular professor for vaginal hysterecto-

mies brought out a good story the other day. An elderly lady came to his office and complained of backache, bearing down pains, etc., and said that every time she tried to walk it seemed just as if her whole insides were coming out. The professor jumped at the conclusion that it was a case of uterine prolapse. It was nuts for him. He could see in prospect a good case to exhibit to the class, a chance to do his favorite operation, and a possible good fee. He gently explained the nature of her trouble to her and told her kindly that to make her a well woman he would have to take out her womb, when she exclaimed: "Why, Doctor, you have not forgotten me, have you? You took my womb out when you were an interne in the County Hospital."

In the early days of the Murphy button Professor Murphy did not always tell his patient what was liable to be passed per rectum, and one night a furious ring called him to the door, when he was saluted as follows: "Doctor, you are wanted immediately at my house. My wife, that you operated on last week, is passing some kind of an animal. I've got the head here. I don't know what kind of an animal it is, but just look at the eyes on it."

Dr. Smith, from Butte, Mont., says that the operating room after one of the clinics by the Professor of Ophthalmology reminded him of the hotel barroom in Butte the first morning after he landed in Montana, fifteen years ago. He had just graduated from a Boston college and had gone West to grow up with the country. The first morning when he got up breakfast was not ready, so he wandered into the hotel office, which was also used as the barroom. He noticed several objects in the sawdust on the floor that he took for grapes, and remarked to the clerk that they raised very large grapes in that country. The clerk replied: "Why, man, them's not grapes; them's eyes that was gouged out here last night; I haven't had time to clean up yet this morning."

Clerk Moffat came in with a brand new spring suit the other day. It was so loud Miss Welter says she could hear it "click" as he came down the street. One of his friends remarked that he was having a hard time with it. John says, "Yes, I have been having a 'Dewey' of a time with it."

The House Physician in the Clinical

School seems occasionally to have troubles of his own. It is told about the corridors that recently, in examining a patient in the dispensary, he was unable to decide whether it was a proper case to send to Professor Coulter or Professor Auld. The patient was so short-waisted that he could not tell whether she had the sore throat or hæmorrhoids.

Yours respectfully,

U. S. PHYSIC, M. D.

Awayoff, Bac-ka-che Co., Ariz.

Rocky Mountain Views.

Set of six beautiful Albertype views of Rocky Mountain scenery, including Castle Gate, Royal Gorge, Garden of the Gods, Summit of Pike's Peak, Glenwood Springs, etc., on 11x14 paper, with wide margins, suitable for framing, sent to any address, postpaid, upon receipt of fifty cents by F. A. Wadleigh, G. P. A., Rio Grande Western Railway, Salt Lake City.

The American Medical Association will hold its annual meeting in Denver in June, 1898. During this period the Denver & Rio Grande Railroad, scenic line of the world, will make very low rates to all the interior points in Colorado. Don't fail to take advantage of these low rates to make a visit to some of Colorado's wonderful attractions. Special arrangements will be made for a tour of the famous thousand mile journey through the Rockies "Around the Circle." Call on or address any agent of the company, or S. K. Hooper, G. P. & T. A., Denver, Colo.

Imperial Granum has won the confidence of physicians because many years of clinical experience have proved it to be a form of nourishment that is acceptable to the palate and to the most delicate digestion at all periods of life.

It is successful, not only as an aliment for children, but its rare nutritive excellence in inanition due to mal-assimilation, chronic, gastric, and enteric diseases, has been incontestably proven; often in instances of consultation over patients whose digestive organs were reduced to such a low and sensitive condition that the Imperial Granum was the only nourishment the stomach would tolerate, when life seemed depending on its retention.

The Chicago Clinic.

(FORMERLY THE OMAHA CLINIC).

**A HIGH-GRADE MONTHLY PERIODICAL DEVOTED
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All matter pertaining to the editorial department should be addressed to DR. J. HOMER COULTER, 103 State St., Chicago.

EDITORIAL AND BUSINESS OFFICES:
1007 Columbus Bldg., Chicago.

THE AMERICAN MEDICAL MEETING.

The all-absorbing topic among Chicago physicians at present is the Denver meeting. Present indications point to a much larger attendance from this city than for several years past. Those who were initiated into the A. M. A. one year ago at Philadelphia are apparently all going to the meeting in Denver en masse, or, rather, they will mass at Denver, after getting there by one of the various routes so insistently represented by both passenger agent and his medical friends. Fortunately the railway service between this city and Denver is excellent, and no one route can offer any very formidable advantage over the other three to the traveler to Denver. The rates being the same in each case, it becomes a matter of "pay your money" and go when and by which way your friends desire you.

The bugaboo of extortionate hotel rates, which was so widely feared some time ago, has about disappeared, or else died from

the inanition which always follows false reports. The local committee of arrangements have evidently seen to it that no excessive, hold-up privileges will be permitted so far as the hotels go. If the quality remains at this usual high standard we will have no cause to complain on that score.

Numerous and varied entertainment is promised for visiting members and the ladies accompanying them. There are banquets, or receptions, or luncheons, or drives galore, and all are assured a pleasant time. Nor is the profit of the season forgotten in all this extensive and expensive preparation for our entertainment. The section programs are each full to running over with most excellent and inviting promises of an intellectual and scientific feast.

After the meeting several excursions are being arranged, that to Salt Lake City and return being the most attractive. Those who have never seen this modern Holy Land should not by any means miss this really exceptional opportunity to view the grandest of Colorado scenery and the home of the polygamist. The rates for these excursions have been made especially low for this occasion, fuller particulars of which will be found in the announcements and at the meeting. Make your preparations to go, and the details will be satisfactorily arranged when you arrive in Denver.

We will be on file with Fassett's Bureau of the Medical Press. Come and see us.
C.

IS OUR NATIONAL LIFE DETERIORATING.

From the reports which we have received through the newspapers, one would quite naturally be led to the conclusion that, either there was an alarming deterioration in the

brawn and brain of American youth, or else the standard of the requirements for entering the service of the country had been raised very much in the few years last past.

Whether or not one or both of these causes was operative in the matter, certain it is that there was a quite unexpectedly large number of the militiamen rejected, when they came to pass the examination of the federal authorities. These men having been already examined, it was to be presumed that a very small percentage of them would be rejected in the final work of the examiners. Not that the former test is considered equal to the latter in the severity of its requirements, but it is to be presumed that a man having a weak lung, or a known cardiac hypertrophy, or a chronic dyspepsia, would not, in the first place, present himself for enlistment in the militia. Hence the surprise is not without good and sufficient reason.

It has been suggested by those who are in a position to speak with at least a presumption of knowledge in the case, that a very significant percentage of those who were rejected were more or less addicted to the use of cigarettes. Whether or not this will explain the circumstance will doubtless be confirmed by later reports from the examiners. Certain it is, however, those who have any considerable experience in the matter of careful examinations of the lungs and heart, for life insurance or otherwise, know very well that in the cigarette fiend there is very frequently no difficulty in demonstrating the baneful effects of this invention of Satan, Don & Co. As Lydston well says, "Patriotism and piety, therefore, should cry out against it as a device of the enemy and the devil combined."

We have read in one paper that "any possible physical standard has little or no relation to the real health and efficacy of a population." This we would most emphatically deny, and assert that the efficacy and real health can be properly judged by no other criterion. Those men who are hollow-chested or stoop-shouldered, or have a "tobacco heart," are not as good men, even along the lines of their own pursuits, and they are the ones who support the multitude of doctors now practicing. They do not, as has been argued, possess enough vitality and physical vigor for their purposes. Doubtless the very fact that they know they are weak in some particular has driven them in many cases to an occupation that will enable them to take better care of themselves. While in all probability the rejection of so many was in a large measure due to the higher standard being required, yet there must be in this, also, some of the element of deterioration.

At the same time a very significant fact, on the other side of the question, is observed in the record made by Troop C of the Illinois Cavalry Regiment, which entire troop passed the mustering surgeons without a single rejection. But we must admit that we have in this instance not only the advantage which horseback-riding has given these men, but a troop selected by such an intelligent and careful man as is Capt. Young would be expected to be an example to the volunteer forces of the United States.

C.

AN ANACHRONISM IN HISTORY.

When, since the beginnings of newspapers, or the earliest history of prominent men, has there been such a history, or rather the

want of popularly known fact, as in the last days of "The Grand Old Man" of England? When has a man or woman, having the veriest tithe of his reputation, been fatally ill or even seriously injured, but the world at once knew all the details of the attack and the probable prognosis? And the progress of the case was ever bulletined to an anxious public.

It was not because the public was not interested in the case, or that the sufferer did not hold a tender spot in the heart of everyone, nor that he and his had no regard for the feelings of the public; but simply and only a last exemplification of one of his many virtues, humility and diffidence.

It is said that he requested that this should be as it was, and that the queen alone should receive any information as to his condition, as the disease progressed, in consequence of which his medical advisers have not taken the public into their confidence, as is usual under such circumstances, and all that is written of the case is pure surmise.

Doubtless now, however, the time has come when we shall hear from those who know of the particulars of the disease and condition which at last was able to sink the ship of such a phenomenally long and active life.

The pathetic and sorrowful is almost lost in such an ending of such a life; when disease has so far weakened the vital organs that pain is no longer felt, and death comes, not as an angel of mercy, but as a mission of peace. C.

THE ILLINOIS STATE MEDICAL MEETING.

One of the most excellent and best attended meetings in the history of this well-known state organization was that recently held in the beautiful city of Galesburg, on May 17 to 19.

There was an unusually large number of those on the program present, and it is not

formal flattery to say that the papers presented, almost without exception, were of a more than ordinarily scientific character. Gynecology, State Medicine and Internal Medicine seemed much in favor, a very large proportion of those read belonging to these special classes.

The discussions were prompt, interesting and vigorous throughout the meeting.

The Medical Section was presided over by Dr. Arthur Edwards of Chicago; the Surgical Section by Dr. J. L. Wiggins of East St. Louis, and the section on State Medicine by Dr. Brower of Chicago.

On Tuesday evening the address of President Carter of Waukegan and Dr. Pettit of Ottawa were listened to by a large audience with intense interest and appreciation. In the absence of Dr. Senn on war duty, President Finley of Knox College gave one of his characteristic talks.

Wednesday evening occurred the annual banquet in the parlors of the First Presbyterian Church, at which Dr. Harold N. Moyer of Chicago presided in his most felicitous manner, introducing the ten speakers in his inimitable style.

We are pleased to say that a number of the excellent papers read will appear in early issues of the Clinic, the first of which will be found in this number.

Dr. Pitner of Jacksonville was elected President, Drs. Moyer of Chicago and McAnally of Carbondale Vice-presidents, Dr. Weis, Ottawa, Secretary, and Dr. Kreider, Springfield, Treasurer.

The local committee of arrangements did their work so thoroughly that all enjoyed a pleasant and profitable meeting. They were ably assisted by the local physicians and many of Galesburg's most prominent families in their efforts to entertain.

OUR BOOK TABLE.

Messrs. Lea Brothers & Company announce for early publication the following books by eminent authorities.

A Manual of Otology. By Gorham Bacon, A. M., M. D., Professor of Otology in University Medical College, New York. With an Introductory Chapter by Clarence J. Blake, M. D., Professor of Otology in the Harvard Medical School.

The Treatment of Surgical Patients Before and After Operation. By Samuel M. Brickner, M. D., Visiting Surgeon at the Mt. Sinai Hospital, New York.

A Text-Book of Dental Pathology, Therapeutics, and Pharmacology. Being a Treatise on the Principles and Practice of Dental Medicine. By Henry H. Burchard, M. D., D. D. S.

The Principles of Treatment. By J. Mitchell Bruce, M. D., F. R. C. P., Physician and Lecturer on Materia Medica and Therapeutics at Charing-Cross Hospital, London.

Diseases of the Nose, Throat, Nasopharynx, and Trachea: A Manual for Students and Practitioners. By Cornelius G. Coakley, M. D., Professor of Laryngology in University Medical College, New York.

Diseases of Women: A Manual of Non-surgical Gynecology. By Francis H. Davenport, M. D., Instructor in Gynecology in Harvard University. Third edition.

A Treatise on Gynecology. By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Chicago Medical College.

A Text-Book of Anatomy. By American Authors. Edited by Frederic Henry Gerrish, M. D., Professor of Anatomy in the Medical School of Maine.

Manual of Skin Diseases. With Special Reference to Diagnosis and Treatment. By W. A. Hardaway, M. D., Professor of Skin Diseases in the Missouri Medical College. Second edition.

The Principles and Practice of Obstetrics. By American Authors. Edited by Charles Jewett, M. D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y.

Daydreams of a Doctor. By C. Barlow, M. D. Peter Paul Book Company, Buffalo, New York, 1898. 252 pages, uncut edges, excellent paper, finely bound in cloth.

The author in this little volume has

stepped out of the ordinary beaten paths of medical literature, and given us a very grateful change, a condiment in reading, which will be indeed a messenger of rest to the busy practitioner. There is through the pages much of interest expressed in a pleasing and often beautiful style. The faint vein of romance through the book lends an additional interest. It is to be regretted that a book of such literary merit should be burdened with such poor, and unsatisfactory, and out-of-date illustrations.

Diseases of the Stomach.

By William W. Van Valzah, M. D., Professor of General Medicine and Diseases of the Digestive System and the Blood, New York Polyclinic; and J. Douglas Nisbet, M. D., Adjunct Professor of General Medicine and Diseases of the Digestive System, New York Polyclinic. Octavo volume of 670 pages. Cloth, \$3.50 net. W. B. Saunders, Philadelphia.

This book will be found above all a practical one. Although constituting a valuable contribution to scientific medicine, it is intended primarily as a working guide for the student and practicing physician. To this end the chief attention is devoted to the most approved methods of diagnosis and treatment. Space is not wasted by an extended discourse on anatomy nor by a theoretical discussion of general pathology; but beginning with a classifying introduction, a chapter is devoted to diagnosis and diagnostic methods, and one to general medication and treatment. After this the various diseases are taken up in order and treated in a logical way, beginning with etiology, and passing through the phases of pathology, clinical description, diagnosis, differential diagnosis, prognosis and treatment.

The methods of examination given and the apparatus recommended, while sufficient for special advanced stomach work, are not too elaborate and complicated for the general practitioner. Indeed, the needs of the practicing physician are kept constantly in mind throughout the book.

Although numerous authorities are cited, the authors are perfectly clear as to what their experience has found most useful, and they do not hesitate to recommend a definite course of procedure under definite conditions.

There is an unusually complete and detailed presentation of the important subject of dietetics. The nutritive value of the various foods is fully discussed together with their special application in diseased conditions of the stomach. The diet lists for each disease are extremely full and are so arranged that selections can readily be made to suit individual cases.

Pynchon's Case Record.

By Edwin Pynchon, Professor of Rhinology and Otolaryngology, Chicago Eye, Ear, Nose and Throat College. This case record is the most excellent thing for its purpose, so far as we know, yet devised. For those who practice to any considerable extent in eye, ear, nose or throat diseases, it is really invaluable. The author has made an extensive and careful study of all the private case records obtainable, both in this country and abroad, and has, we apprehend, succeeded in condensing their virtues and excluding their weaknesses in this record book. It is intended that each patient's record be kept complete in one book, and but one book to each patient. It is bountifully supplied with exact and excellent diagrams. It is so complete that its very filling out gives one an almost certain diagnosis by exclusion. Very sufficient space is given to history, symptoms and treatment. Write the author for further particulars.

The Surgical Complications and Sequels of Typhoid Fever.

By Wm. M. Keen, M. D., LL. D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia; assisted by Thompson S. Wescott, M. D., Instructor in Diseases of Children, University of Pennsylvania. Octavo volume of about 400 pages. Cloth, \$3 net. Published by W. B. Saunders, Philadelphia.

This work is the only one in any language covering the entire subject of the Surgical Complications and Sequels of Typhoid.

To one acquainted with the ability and experience of Prof. Keen, or the natural, methodical exactness of Dr. Wescott, an extended review of the work of either one would not be necessary. But since in this volume we have a combination of both, it

seems yet less necessary. There are, however, a few salient points in the book to which we would call attention.

The work covers a complete analysis of over 1,700 cases of typhoid.

Among the most important chapters may be mentioned those on Typhoid Gangrene; Affections of the Bones and Joints; Typhoid Abscesses; Cerebral Complications; Otitis Media; Intestinal Perforations (its Surgical Treatment); Specific Mixed Infections in Typhoid.

To which is added a chapter on Ocular Complications, by Dr. de Schweinitz, and an appendix, being the Toner Lecture, No. V., delivered before the Smithsonian Institute in 1876.

Chapin on Insanity.

A Compendium of Insanity. By John B. Chapin, M. D., LL. D., Physician-in-Chief, Pennsylvania Hospital for the Insane; late Physician-Superintendent of the Willard State Hospital, New York, etc. 12mo, 234 pages, illustrated.

On looking through this little volume the reader will observe it contains a clear, concise statement of the clinical aspects of the various abnormal mental conditions, together with directions as to the most approved methods of managing and treating the insane.

We believe the book will supply a real need, inasmuch as heretofore the physician and student have had no brief manual on this important subject, but have been compelled to search through the larger treatises for just such practical information as this book contains.

But the book is intended not alone for the physician. Written in clear, untechnical language, it will prove a most useful manual for members of the legal profession.

The differential definitions of the various terms, insanity, imbecility, melancholia, delusion, mania, dementia, paresis, and feigned insanity are most practical and reliable. The illustrations are good. Price, \$1.25 net. Published by W. B. Saunders, Philadelphia.

America stands to-day the armed conscience of the civilized world, prepared to enforce its dictates and, in pursuance of the national mission, carry humanity one step farther in its progress toward the goal of perfect freedom.

ITEMS.

Kid McCoy, the pugilist, since his marriage, has decided to study medicine and become a surgeon. He will settle in Buffalo, N. Y.

The International Association of Railway Surgeons will meet in Toronto, Canada, July 6th, 7th, and 8th. It is anticipated that most of the railroads in North America will be represented, by its official surgeon or by proxy.

A Congress of Gynecology, Obstetrics and Pediatrics will be held at Marseilles from October 8 to 15, Professor Pinard, Professor Pozzi and Professor Broca, respectively, presiding over the three sections in the order named.

W. O. Rodgers, M. D., Omaha, Neb., died March 10, of rheumatism of the brain. Dr. Rodgers was chief medical director of the Woodmen of the World, a member of the American Medical Association, and was graduated from the Medical Department of the University of Buffalo in 1883.

Matthews' Quarterly Journal of Rectal and Gastro-Intestinal Diseases will hereafter appear as a monthly publication, and will be known as the Louisville Journal of Surgery and Medicine. It will remain under the editorial management of Drs. Matthews and Tuley.

Dr. Erasmus Garrott, for many years connected with the Health Department of the City of Chicago, died last month from blood poisoning, the result of an injury to one of his legs. He had a national reputation as a diagnostician of the exanthemata and held his position irrespective of politics and changes of administration.

Dr. Edwin H. Dorland, aged 56 years, died last night at his residence, 4329 Lake avenue, after a residence of fourteen years in Chicago. He was President of the Lakeside Hospital, 4147 Lake avenue, and in private practice was the partner of Dr. N. H. Henderson. He was born in Indiana, attended college at Richmond, and secured his medical training in Miami Medical College, Cincinnati. Before coming to Chicago he practiced in Burlington, Iowa. A widow, three daughters and one son survive him.

A bill has been introduced into Congress providing for an increase of fifteen assistant surgeons, and also that the surgeon-general of the army, with the consent of the Secretary of War, may appoint as many contract surgeons as may be required to meet emergencies, the salaries not to exceed one hundred and fifty dollars per month.

The Tri-State Medical Association met at Dubuque, Ia., April 6. Dr. Franklin H. Martin of Chicago delivered an address. The new officers are: President, Dr. C. E. Ruth, Keokuk; first vice-president, Dr. Murphy, St. Louis; second vice-president, Dr. F. H. Martin, Chicago; secretary, Dr. J. W. Fowler, Dubuque; treasurer, Dr. D. S. Fairchild, Clinton, Ia. Quincy, Ill., was selected as the next place of meeting.

"Coca" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain, however. Robinson's Wine Coca (see page ii) we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of cocaine being always determined by careful assay.

President Thomas H. Bowles, of the National Association of Life Underwriters, has issued a letter to the presidents of all the life insurance companies in the United States in regard to the establishment of a co-operation hospital service between the American life insurance companies for the benefit of policy-holders who are taking part in the present conflict between the United States and Spain. He advocates the idea.

A license is now required in order to practice medicine or surgery in the Hawaiian Islands, such license to be granted only upon the written recommendation of the Board of Health. The licenses of those who, at the time of the passing of the act enforcing the foregoing regulation, were already in practice will remain valid, subject to the provisions of this act. The Board of Health is prohibited from recommending any person for a license, except the said person has been duly examined and found to be possessed of the necessary qualifications.—Review.

"Polk's Medical and Surgical Register of the United States and Canada" is now undergoing its fifth revision. Physicians who have not given their names to the canvassers are urged to report to headquarters at once, giving full information. Address R. L. Polk & Co., Detroit, Mich.

The study of anthropology has proved the existence of a criminal type, with marked characteristics in anatomy and physiology. How fruitless to allow these parasites upon society to multiply, and then to spend millions in the attempt to alter these characteristics in the individuals of ever-recurring generations! And every year, while the government is performing this task of Sisyphus thousands of good members of society are robbed and butchered by the degenerate who ought never to have been generated.—Med. News.

Mrs. Celia Wallace has tendered her southern home at St. Augustine, Fla., as a hospital for the soldiers boys of Illinois. Governor Tanner has accepted the offer and expressed his appreciation of the generosity and patriotism that prompted the gift. Mrs. Wallace has suggestions to make regarding the equipment of the place, and a committee, consisting of Mrs. George M. Moulton, General Fitz Simons and Lorin C. Collins, will confer with her. Mrs. Wallace has also purchased furniture and other equipment with her own funds. Through the gift of Mrs. Wallace Illinois is the first state to secure provision for the care of the sick and wounded of the militia. A corps of nurses under Mrs. George M. Moulton await a call to St. Augustine.

Surgeon-General Sternberg of the army has received applications from over 1,200 physicians who have offered their services to the government. No appointments are made in the regular army except after examination, and all applicants must be graduates in medicine and less than twenty-nine years of age. The surgeon-general has nothing to do with the appointment of medical officers for the volunteer army. Comparatively few acting assistant surgeons are likely to be required, and it is the intention to employ for service with troops going to Cuba, or at hospitals on the Gulf Coast, only such as are immune to yellow fever. No women nurses will be sent to Cuba or to hospitals on the Gulf Coast.

Jules Emile Pean, the eminent French surgeon, is dead. M. Pean devised the artery catch-forceps that bear his name and left a surgical fame that will last for centuries. He died of pneumonia, January 30, 1898, at the age of 67 years, having practised surgery continuously at Paris for more than 45 years. His funeral oration was pronounced by Dr. Samuel Pozzi, the eminent gynecologist, who has lately been chosen life senator.

Doctor, see to it that your prescriptions do not go to a druggist who handles cheap goods. You cannot afford to risk the life of your patient, nor your own skill and reputation, in order that the druggist may make a few cents more on a prescription. A druggist who substitutes for proprietary medicines will substitute for any other kind of drugs, and it is just as important that your prescriptions are filled with genuine proprietary medicines as with pure drugs of any other kind.

Within a few hours' ride from Denver are many pleasure resorts; quiet little nooks on the mountain side; mineral springs or fishing resorts.

Colorado Springs, Manitou, Platte Cañon, Idaho Springs and Georgetown, all on the line of the Union Pacific, Denver & Gulf Railway, are places worthy of special mention.

Should you decide to make the trip and wish more detailed information as to tours in Colorado, call on Mr. Geo. Ady, General Agent, Union Pacific Railroad, 941 Seventeenth Street, Denver, or T. E. Fisher, A. G. P. & T. A., Union Pacific, Denver & Gulf Railway, Denver, Colorado.

CAROFEN.

CUT THIS OUT and mail to the Phénique Chemical Co., of St. Louis, Mo., and you will receive, free of charge, sample, literature and reports on the New Vegetable Analgesic and Antipyretic that has come to take the place of morphine, acetanilid and its many compounds. Garofen contains **NO COAL-TAR PRODUCTS** nor opium or its alkaloids in any form. No. 28.

AMERICAN MEDICAL ASSOCIATION

MEETING AT DENVER, COLO.

Arrangements have been made with the **CHICAGO, MILWAUKEE & ST. PAUL RY.** by which delegates and others attending the Association Meeting can purchase tickets on June 2d, 4th and 5th

TO DENVER AND RETURN FOR \$31.50

Tickets good to return until July 6th and good to stop over at Omaha in either direction, affording passengers an opportunity to visit the Trans-Missouri Exposition.

**TRAINS LEAVE CHICAGO FROM UNION PASSENGER
STATION DAILY AT 6:15 P. M. AND 10:30 P. M., AR-
RIVING AT DENVER THE SECOND MORNING. . . .**

 By leaving on the Electric Lighted Limited Train at 6:15 p. m., arriving at Omaha at 8:20 a. m., travelers can spend the day at the Exposition and leave Omaha 11:40 p. m., reaching Denver at noon next day.

For Tickets, Berth Reservation and Further Information apply to

C. N. SOUTHER, City Ticket Agent,

95 Adams Street, CHICAGO.



GEO. W. NEWTON, M. D.

THE CHICAGO CLINIC

VOL. XI—No. 6.

ELEVENTH YEAR.

JUNE, 1898.

Abstract of a Clinical Lecture Delivered at the Chicago Clinical School.

By DR. GEO. W. NEWTON, Prof. of Gynaecology, attending Gynaecologist at the West Side Hospital.

The case I shall call your attention to to-day, gentlemen, is one of atresia vaginæ in a young girl, seventeen years old. When I first saw her she was having considerable pain in the lower part of her abdomen, and her mother told me that for several months past she had suffered severely from what seemed to her the monthly molimina. These pains would last a few days, then the girl would appear to be in her usual good health. She was a florid, well-developed girl for her years and one in whom, from her general appearance, we would expect to find the menstrual functions well established—yet she had never menstruated. These monthly attacks were at first of slight severity, but each month were becoming more severe. From her symptoms I judged that she was menstruating and that there was some obstruction to the flow. On examination I found she had no fever, the pelvis was well developed, external genitals normal, breasts well developed, palpation gave the sensation of fullness in the lower part of abdomen. To digress a moment, let me say, to examine the sexual organs of a young girl is a serious matter, but to neglect to examine them when your judgment tells you it is necessary is a much more serious matter. Don't let your mind direct the patient's symptoms to the pelvis, but if the patient's symptoms direct your mind to the pelvis that is a different thing. Diseased organs to be properly treated should be examined by every method we possess, the location of the organ is not to be considered. Do not examine the sexual organs of young girls unless it is necessary, for the proper diagnosis and treatment of their case, but do not neglect to examine them if their symptoms warrant such a procedure. I am emphasizing this point, for the mother tells me three other

physicians prescribed for her daughter before she consulted me, and not one of them suggested an examination. The mother and daughter were both willing an examination should be made after they appreciated the necessity of it. The local causes of amenorrhœa are a small, illy developed uterus or even an absence of it entirely, absent or poorly developed ovaries, imperforate hymen, agglutination of the walls of the vagina. From the symptoms just cited we would be justified in expecting to find an imperforate hymen, as that is a much more frequent malformation than an obstruction to the flow located higher up in the vagina. To proceed now with our examination. I found the hymen normal and the vagina was normal until my finger advanced two and one-half inches from the introitus; then it met with an obstruction; the walls of the vagina were adhered; with the other hand on the abdomen it was possible to detect and outline indistinctly a tumor which fluctuated. To confirm my diagnosis, I inserted my finger into the rectum; the fluctuating character of the tumor was then very easily discerned, and also that the width of the atresia was narrow. In making a diagnosis of many pathological conditions in the plevs an examination per rectum should never be omitted, for oftentimes it is possible to obtain information that way that would have been impossible to learn by an examination through the vagina alone. The tumor that I was able to palpate through the abdominal wall was the fundus of the uterus, and from the quantity of fluid which I afterward removed, I feel satisfied that the vagina, uterus and tubes were distended with the retained menstrual secretion. As a rule in such cases, the cervix dilates more than the body of the uterus.

After satisfying myself as to the correctness of my diagnosis I had the parts properly prepared, then with a troca and canula I drew off over forty ounces of dark, thick fluid. Had this case remained undiagnosed much longer she would undoubtedly have

died from peritonitis. The tubes would have ruptured and the fluid would have escaped into the free abdominal cavity. Atresia of the vagina may be complete or incomplete; it is either congenital or acquired. When it is congenital, it is usually complete and there is an absence of both uterus and ovaries; if the ovaries are present alone there are marked nervous symptoms when the age of puberty is reached. When the atresia is acquired the width of the obstruction varies from one-quarter of an inch to the entire length of the vagina. The vaginal walls in the case I have just described to you were adhered about one-quarter of an inch in width. The causes of the acquired form before puberty are the acute exanthemata—as measles, scarlet fever, diphtheria, erysipelas, cholera, syphilis, typhus and typhoid fever have caused an ulceration in the vagina and an adhesion of its walls also. The most frequent cause of vaginal atresia from mechanical injury is pressure against its walls during prolonged labor, necrosis and ulceration following. Atresia has been produced by injury to the vagina during an operation on the cervix. It is hard to imagine just how enough pressure could be exerted against the vagina to produce destruction of its tissues during an amputation of the cervix for cancer, but such a case was reported. Cases have also been reported which were due to cauterization of the vagina with sulphuric acid and also with carbolic acid. Just what caused the atresia in the case I have described to you I have never determined. She has never been injured—so it may have occurred after she had one of the eruptive diseases; however, Simpson describes vaginitis adhesiva as a form of vaginal inflammation which occurs in children. He claims it may lead to adhesion of the vaginal walls without a preceding ulceration. Hildebrandt describes a form of ulcerative vaginitis which may lead to adhesions. Although atresia of the vagina is a rare condition, now that we know that it may be due to vaginitis in children, we should never neglect cases of leucorrhœa occurring in little girls. They should be carefully treated and treated until cured.

Symptoms of atresia rarely ever develop before the menstrual functions are established, although the accumulations of mucus above the constriction have pro-

duced symptoms that demanded an investigation. Such cases must be very rare. The symptoms complained of from an accumulation of blood in the vagina depend upon the location of the constriction. If the obstruction is near the entrance to the vagina difficulty in emptying the bladder and bowels is the trouble usually complained of. The adhesion of the vaginal walls most often occurs in the lower third, yet it may take place in any part of the vagina; as I said before, in this case the obstruction occurred in the upper third. Naturally what attracts the patient's and their parents' attention is the absence of the menstrual fluid and at the same time the monthly menses occur in an exaggerated way; as the fluid accumulates the pain becomes most intense. The vagina is capable of holding a large quantity of fluid—cases are on record when over fifty ounces have been drawn off, part of which was in the uterus and tubes. Under the effects of pressure the walls of the vagina become very much hypertrophied, as does also the hymen, when that is imperforate, unlike the walls of the Fallopian tubes. When they are subjected to pressure in pyosalpinx or hydrosalpinx they become constantly thinner.

The only treatment admissible for these cases is an operation and it should be performed as soon as the diagnosis is made. Could you choose your time, midway between the menstrual periods, is considered the most favorable. Spontaneous rupture into the rectum has been known to take place, but the likelihood of its occurring at any point is so uncertain that an operation is always demanded in a case of retained menses. Should there be any absence of the vagina and also a lack of development of the other sexual organs, any attempt to restore or form a vaginal passage is unjustifiable. The dangers and difficulties of the operation vary with the width of the atresia. Although apparently a minor operation, to open up a narrow atresia, many deaths have occurred in the hands of the most experienced operators. The dangers of the operation are: rupture of the Fallopian tubes, septic infection from decomposition of the retained menstrual fluid after the operation, injury to the bladder or rectum during the operation. The latter accident is most apt to occur where the atresia is broad, yet the bladder has

been punctured with the troca when the obstruction was thin. Before and during the operation most stringent antiseptic precautions should be taken. The fluid may be allowed to drain off either through a canula, or by making a cross-shaped incision through the cicatricial band, when the atresia is narrow. When it is broad let your assistants hold the bladder and rectum out of the way as much as possible. This can be done by inserting a finger into the rectum and a sound into the bladder, then Emmet advises, after cutting through the dome of the sack, to enlarge the opening with the fingers and carry the dissection along either with the fingers or with the aid of blunt instruments. Galvano-cautery has been advised as a means of dividing the septum; it is only applicable when the septum is thin. The advantage of the cautery is, it does not leave a raw surface for the absorption of bacteria, which the retained menstrual fluid is very apt to contain—hence decomposition very readily takes place if any is allowed to remain in the vagina—to avoid this give a vaginal douche after allowing all the retained fluid to drain away that will. The walls of the vagina are rendered peculiarly susceptible to infective processes by the long-continued contact with the retained secretion, hence the necessity of the rigid antisepsis. Rupture of the Fallopian tubes is liable to occur during the time the menstrual fluid is draining away—for naturally in such a case as I have cited the uterus is pushed up, and as it descends the uterus drops and all the organs in the pelvis assume a different position; this tension on the tubes can and has ruptured them, by breaking up the adhesions which had already formed between them and the broad ligaments. To avoid this accident, allow the secretion to escape slowly, either by making a small incision or by using a small canula, and allow no pressure to be made through the abdominal walls. One more point might be mentioned, and that is to have absolute anaesthesia so that there will be no abdominal pressure, as from coughing or straining. After the fluid has stopped flowing, give an antiseptic douche of bichloride of mercury, one to four thousand, followed by a douche of sterile water, then dilate the opening. Keep the patient in bed for ten days or two weeks, giving a douche daily.

To prevent this opening you have made

contracting, and, by the way, it is extremely apt to, it is necessary to insert a glass plug or some other instrument that will keep the parts dilated, and I would advise you to let it be worn for some weeks. The cicatricial band or ring that surrounds the vagina can, after a few weeks, be dissected out and the vaginal walls reunited by sutures. Certainly you would do this only in narrow atresias.

Report of a Case of Anaesthesia Produced by Mercury, with Remarks.

By C. TRAVIS DRENNEN, M.D., Hot Springs, Arkansas.
Late Physician to Hot Springs City Dispensary.
Member of the Hot Springs Medical Society and Vice-President of same. Member of the Arkansas Medical Society, of the Alumni Association Rush Medical College, and of the Tri-State Medical Society (Ark., Miss. and Tenn.) and Vice-President of same; Mississippi Valley Association; American Medical Association, etc.

During the winter of 1895 there came under my care a young man, twenty-four years old, suffering with tertiary syphilis; four years before he had had a chancre, followed by buboes in each groin, the left one suppurating; during this time he had nocturnal headaches, rheumatic pains and fever, and on this account was confined to his bed for about nine weeks; he was then treated for chancroids, but received no other treatment whatever. Upon the 6th day of December, 1895, after a night's debauch, he noticed a sore upon the glans penis, which was cauterized by a surgeon, but without receiving the results anticipated, since the ulcer soon became phagedenic, and in about ten days thereafter two-thirds of the glans penis had been destroyed. Near the third day after this lesion others appeared in different portions of the body, ranging in size from that of a one-cent piece to that of a silver dollar, and even larger. He was placed under syphilitic treatment at once, but finding himself rapidly growing worse he immediately left his home in New York and came directly to Hot Springs, and it was upon the 5th day of January, 1896, that I first saw him; at that time he was almost covered with ulcerations, some of them measuring an inch in diameter and much larger. Numerous ulcers were found in the mouth and throat and it was with the greatest difficulty that he could swallow at

all, his food having been limited to liquids during the two preceding weeks. His weight at that time was 113 pounds, as compared with his former weight of 138. The heart, lungs and kidneys, upon examination, were found normal, and so were the sensory phenomena; I will add that his general condition was that of apparent anæmia. Inunctions of one-eighth of an ounce of ung hydrargiri were used daily after a bath of from eight to ten minutes at a temperature ranging from 96 to 98 degrees F.; also thirty drops of the syrup of the iodide of iron were given one hour after meals, well diluted, four times daily. He was further instructed to take sweet milk freely, with as much beef, chicken or mutton broth as he could well bear. The throat and mouth were treated daily with antiseptic solutions and the ulcers touched every other day with a twenty-grain solution of nitrate of silver. Near the end of the first week a desire for food had returned and with it natural sleep, which, heretofore, had been obtained by the use of hypnotics. Ten grains of aristol to the ounce of vaseline were used for the ulcerations upon the body, applied twice daily. The mercury was continued with apparently excellent results, for upon the 31st day of January the lesions had all healed except two, one upon the forehead and the other upon the penis. Furthermore, he had gained fifteen pounds in weight. He was then given ten drops of a saturated solution of iodide of potassium, well diluted, one hour after meals, three times daily, in increasing doses, which, however, he did not tolerate very well, but nevertheless it was kept up ten days, the other medicines having been left off. After this he again returned to his iron and mercury, but after using the second inunction he became morose and despondent; said that he would not get well and talked of suicide, etc. About this time there was soreness and swelling manifested itself in the esophagus, and with it almost complete inability to swallow; he also had aphonia, pulse 120 and irregular, but no febrile disturbance; the next day he was again given another inunction, which seemingly intensified all of these horrible symptoms to an alarming degree. for the knee-jerk was then found to be absent, and anæsthesia complete from the elbows and knees down had occurred; sensibility was much blunted over the entire cutaneous surface, accompanied by dilata-

tion of the pupils, with impaired sight, taste and smell, and locomotion was carried on with a reeling and staggering gait. Further medication was discontinued and the patient ordered to drink large quantities of both hot and cold water at stated intervals and to take a vapor bath every day. Improvement began after the third bath, and in ten days marked improvement was manifested in every way; at the expiration of about two weeks sensation again appeared about normal. The after-history of the patient proves uninteresting, since he regained his usual health in a few weeks under tonic treatment.

Prompted by a spirit of investigation, I thought it interesting to hold an inquiry with some of our principal syphilographers and neurologists concerning anæsthesia and analgesia as produced by mercury, so I wrote to forty professors in as many different schools, each representing his respective chair in syphilology or neurology, and some twenty odd letters besides, asking the following questions:

Q. 1. Have you ever seen anæsthesia or analgesia, or both, as a result of mercury, and if so, how many cases, and what portion of the body was involved?

Q. 2. What were the conditions in each particular case under which the accident took place (I mean with reference to the patient) and how long, in what size doses and in what form was the drug used?

Q. 3. What treatment was instituted for the relief of the trouble?

Q. 4. What was the outcome of each particular case? Did any of them die, and what was the length of time taken for complete recovery?

Q. 5. Would you regard anæsthesia or analgesia as produced by mercury an hysterical form of trouble, or due to some pathological condition with which we are familiar, and, if so, state what that pathological condition is, in your opinion?

Q. 6. Could any precautionary steps have been taken, or examination of the patients made, that would have averted the accident?

To these queries I received twenty-five replies, some of which may not prove uninteresting. L. Dunkin Bulkley writes that he has never recognized anæsthesia or analgesia as produced by mercury, but has not infrequently found it due to syphilis. Charles L. Dana states that he has had one case of general cutaneous analgesia appear-

ing in a syphilitic woman, while taking mercury, but that he had attributed it to syphilis and not to mercury. W. Frank Glenn has had hyperæsthesia appear not infrequently during a course of mercury in syphilitic subjects, but likewise had considered it due to syphilis. Robert W. Taylor replies that he has never recognized anæsthesia or analgesia as produced by mercury, but has frequently found it due to syphilis, appearing in the hands, feet, forearms, legs and exceptionally in spots over the body and particularly over the breasts in women.

Belfield, Mulhall, Lydston, Fry, Bransford Lewis, Cotlett, and all of the remaining gentlemen who answered the inquiry, stated that they had never seen or recognized the condition under consideration. S. V. Clevenger very kindly states that he has never recognized the trouble as a result of mercury, but can easily understand how such condition could be brought about by mercury through occlusion of central or spinal blood vessels contiguous to and supplying sensory centers. He further refers to an article by him in the "Journal of the American Medical Association," February 23 and 29, 1896, in which he says: "Take any treatise on nervous diseases, and wherever the words clot, thrombus and embolus occur, substitute mercurial accumulation, and the cause, in my opinion, is fully explained. Accumulations in the terminal twigs of the cerebral cortical arteries would induce paralysis, paresis, softenings, tremors, hemiopia, amblyopia, etc., according to location, and whether the basilar or carotid supply contained the larger quantity of mercury. Should the middle cerebral artery be the meeting place of the molecules, according to subsequent arrival of the metal, thence aphasia, hemiplegia or anæsthesia supervene, singly or together, depending upon whether the gyrus-operculum, insula, optic thalamus, corpus striatum, orus or internal capsule had become congested or deprived of blood by this interference."

Leyden gives the history of a man twenty-three years old, who, after having used three mercurial inunctions, developed an acute polyneuritis.

Kelti also tells of a man who took fifty grains of a sublimate solution in proportion of one to a hundred over a protracted period of time with resulting chronic poisoning, followed later by acute diarrhœa and

progressive muscular atrophy, which ended the life of the patient.

On February the 3d, 1865, there was admitted into St. Bartholemew's Hospital a German, aged thirty, who had been engaged preparing mercuric methide for three months; during this time his sight and hearing became impaired, he was very weak and his gums sore, the urine was albuminous and his mental faculties very torpid. On the ninth day after his admittance he became noisy, and had to be put under mechanical restraint. On the tenth he was semi-comatose, but there was no paralysis; his breath was very offensive and his pupils dilated, and at intervals he raised himself and uttered incoherent howls. There was neither sensation nor motion in the left leg, which was extended rigidly; the knee and foot were turned slightly inward. On the fourteenth day he died insensible.

The second case is that of a young man working in the same laboratory, who was admitted into the same hospital March 28, 1865; during the previous January he had been exposed to vapour mercuric methide for about a fortnight; during the illness of the other assistant he felt ill and weak, and complained of soreness of gums and looseness of the teeth. He had also dimness of vision, pain and redness of the eyes, giddiness, nausea and vomiting—the ejected matter being greenish and watery; at the beginning of March his sight and taste became imperfect—all things tasted alike; his tongue was numb and his gums sore. A week before his admission he lost his hearing, and first his hands and then his feet became numb; on admission his breath was very offensive and his pupils dilated and sight impaired; he was very deaf and his powers of speech, taste and smell were deficient. There was anæsthesia of the body and the movements of the limbs were sluggish and difficult. He continued in the hospital for nearly a month, with but little change; on April 24 it was noticed that he was getting thinner and slightly jaundiced; he moved his arms aimlessly in an idiotic manner and passed his urine involuntarily; on April 27 he was more restless, and even violent, shrieking out and making loud and incoherent noises or laughing foolishly; he passed his urine beneath him; on July 7 he was in a similar state—perfectly idiotic. He died April 7, 1866, about one year and

three months from his first exposure to the vapour, the immediate cause of death being pneumonia.

In 1810 a most extraordinary accident occurred, producing, probably, the largest wholesale poisoning by mercury on record, an account of which is about as follows: H. M. S. *Triumph* arrived in the harbor of Cadiz in the month of February, 1810, with seventy-four guns, and in the following March a Spanish vessel laden with mercury for the South American mines, having been driven ashore in a gale, was wrecked. The *Triumph* saved by her boats one hundred and thirty tons of the mercury, and this was stowed on board. The mercury was first confined in bladders, the bladders were again inclosed in small barrels and the barrels in boxes. The weather being very warm at the time, and the bladders having been wet in their removal from the wreck, soon rotted, and the mercury to the amount of several tons was speedily diffused as vapor throughout the ship, mixing more or less with the bread and other provisions. In three weeks two hundred men were affected by salivation, ulcerations of the mouth, partial paralysis and, in many instances, diarrhoea. The *Triumph* was now ordered to Gibraltar; the provisions were removed and efforts were made to cleanse the vessel. On restowing the hold every man so employed was salivated; almost all of the stock on board died from the fumes; mice, cats, a dog and even a canary bird shared the same fate.

It will be admitted, I believe, that mercury is capable of producing a very wide range of pathological phenomena, and while these changes have usually been recognized soon after the administration of the drug, looking with particular interest to the nervous system, we can hardly afford to ignore its possible or even probable remote effects. Take, for example, locomotor-ataxia, and accepting the very pretty theory of its peripheral origin, and accepting that of its vascular origin, and also that mercury acts mechanically, as a deobstruent upon the glands and lesser tubular structures, by virtue of its chemic properties, its volatility and great weight, without argument for lack of space, and we can easily understand how an arterio-sclerosis of the posterior spinal artery and its lesser branches might be induced, through the

long-continued use of the drug in this way. Now, these little balls or globules of mercury, acting through their great weight and force of the blood current sweeping them ever onward and against the delicate walls of the blood vessels, would produce irritation, followed by congestion or more blood supply, the first step necessary to be taken in the production of new connective tissue, the subsequent thickening thereupon of the blood vessel walls themselves would be the result, which in turn would serve to produce the compression atrophy, which appears to be found in these cases. Or, again, the plugging up or even partial occlusion of these same little vessels would serve effectually to cut off or diminish the normal blood supply, which in turn would necessarily be followed by death to the neighboring nerve cells or obliteration of the neurons. This temporary plugging of the vessels supplying sensory centers offers, I think, the best explanation as to the pathology in the case first reported, and adds additional strength to the theory of the mechanical action of mercury.

A Few Points to be Noted in Examination of an Eye.

By J. R. HAMILL.

This being the era of bacteriological investigation, surrounded as we are by an atmosphere of microbes, and with this thought uppermost in our mind to ferret out a germicidal shotgun with which to kill this special microbe, I feel a little embarrassed on the approach of any subject deviating from this line of thought, and yet I am less intimidated when I realize how other lines of research are utterly ignored for the supremacy of the microbe. I am mindful of the respect due these scientific investigators and would simply request a pause on the threshold of the day's occupation and view with me the eye, the window through which you may look and detect very many lesions not discoverable by the aid of the microscope.

In examining the eye, first note its density; preternaturally soft, highly suggestive of lowered vision and the result of either a recurring lesion, as irido cyclitis, iritis cyclitis or interstitial keratitis, and lastly, either an atrophic or phthisical eye, either of which detected by comparison

with the well eye as to size. Preternaturally hard, the density detected by comparison the one eye with the other, points to glaucoma, especially if associated with pericorneal injection, with large episcleral blood vessels not easily obliterated by pressure, shallow anterior chamber, dilated and sluggish pupil, insensitive cornea and cupping, with halo about disc. Examine next as to parallelism of visual axes, if perfectly parallel, then by covering one eye and fixing an object with uncovered eye, then suddenly remove cover of excluded eye, and there should be no deviation either in or out. In case it does deviate in or out suggests insufficiency of internal or external rectus, convergens or divergens.

If there is paralysis or paresis there is generally diplopia with increase in distance between images as defective muscle is approached.

Notice lateral conjugate deviation, both eyes fixed in certain direction, the eyes looking toward lesion in brain, which may be softening of brain or hæmorrhage.

Spasmodic contraction of both superior recti indicate athetosis.

Next examine cornea as to sensitiveness and transparency by comparing with its fellow. Insensitive cornea suggestive of glaucoma or neuro-paralytic keratitis. Note the moisture. Preternaturally dry may put you on to keratitis lagophthalmia, a condition due, possibly, to paralysis of 7th nerve, with inability to close eye, the tears evaporating, leaving dry and irritated surface behind, or a deposition of a foamy and fatty degenerated substance upon the cornea not easily removed indicates kerato malaccia and embarrassment of nutrition. If found following fevers, as it most generally does, prognosis is grave.

Examine transparency of cornea; any degree varying from normal transparency to milky white cornea indicates keratitis, the location detected by examining with reflected light. If superficial, look for cause of irritation, as foreign body, or if vesicular, may be phlyctenular keratitis, suggestive of constitutional malady made known by examination of blood.

If interstitial, accompanied by Hutchinson's teeth, look for syphilis. If membrane of decemet is studded with minute spots, and if associated with pericorneal injection, the etiological factor here may be syphilis as well.

Examine color of irides. Muddy iris or any shade deviating from normal, with contracted pupil, indicates hyperæmia. The only line of demarcation between this and iritis is the exudation, which is prone to produce synechia, either anterior or posterior.

Now look at the pupils; see if they respond to light and to convergence, are the same size, whether occluded or secluded, note the consensual reaction and also see if there is any hemianopic pupil rigidity, or hemianopia or hemianopsia.

Take up first the action of the light upon the pupil, if the pupil contracts upon the entrance of light and dilates upon being shaded, it is safe to presume there is no lesion of the transmitting media between retina and the anterior part of corpora quadrigemina, where 3rd nerve crosses the sympathetic, the 3rd nerve presiding over contraction and the sympathetic nerve the dilatation of pupil. A stimulation of 3rd nerve, then, would contract pupil; a stimulation of sympathetic nerve would dilate pupil.

Paralysis of 3rd nerve dilates pupil by handing pupil over to sympathetic, and paralysis of sympathetic contracts pupil by handing it over to 3rd nerve. These conditions are produced by certain general diseases.

Inequality of pupil, anisocoria so called. Ascertain, if possible, which pupil is the affected one by transmission of light to it, assuming that the pupil responding to light is the healthy one. The Argyle Robertson pupil, one pupil contracted, the other dilated, not responding to light, but responding to convergence, significant of Tabes. Both pupils contracted, or one contracted, the other dilated, but both responding to light, if associated with rapid pulse and breathing, indicates concussion of brain. Both pupils dilated, and if associated with slow full pulse, stertorous breathing, with flapping of cheeks, suggestive of compression of brain.

Pupils contract in sleep and under influence of drugs, as opium. Test consensual reaction by throwing light into one pupil, and note whether its fellow responds by contracting, indicating, if it does, that media of transmission through Gudden's Commissure and to optic thalamus are not affected. Note the conclusion, if pupil is entirely filled with exudate, seclusion if

pupil is bound down by posterior synechia around its margins.

Test hemianopic pupil rigidity by throwing reflected light upon the pupil; if half of pupil fails to respond, look for central lesion, as softening of posterior portion of optic thalamus.

Note if there is paradoxical effect, the pupil dilating upon the entrance of light and contracting upon the exclusion of it. or if there is a condition of hippus, where pupils are alternately contracting and dilating in rapid succession, each condition suggestive of brain lesion.

Now examine with ophthalmoscope the fundus, assuming that you are familiar with normal fundus.

The arteries and veins bear definite relation the one with the other as to caliber; a pulsating vein is normal; a pulsating artery, look for valvular heart lesion.

Double optic neuritis suggestive, if associated with paralysis of arm or leg or hemiplegia, headache, vomiting, dullness, somnolence and dilatation of pupils, a tumor of brain.

Double optic neuritis associated with vomiting and deficiency of urea elimination, look for uræmia. Pallor of disc and fundus, indicating some form of anæmia, may be chlorosis or leucocytosis; examine blood, or if associated with hæmorrhages into retina of regular form, look for pernicious anæmia. Pale or gray disc with visible cerebriform fascia and small tortuous thread-like arteries associated with color blindness, look for optic nerve atrophy. Copper-colored fundus and white stippled macula point to syphilis.

White spokes arranged fan-shaped around macula with an occasional hæmorrhage in retina, look for retinitis albuminuria; may detect Bright's disease here six months prior to detection of albumin in urine.

Hæmorrhage in macula with pallor about it, the so-called "cherry spot" indicates embolism of central artery of retina.

Thrombosis diagnosed by hæmorrhages and large veins.

Detect choroiditis by lesion being behind retinal vessels. If acute the margin of lesion is ill-defined and faintly outlined, if disseminated the outline is clearly defined with black margin and white center.

Diabetic retinitis, brownish spots in fundus, retina non-transparent, look for sugar in urine.

Retinitis pigmentosa, concentrated color field of vision and hemeralopia, fundus appears as if surrounded by bone corpuscles linked together, indicates lack of nutrition to retina and lessened acuity of vision probably incurable.

Active lesions of retina shun light. Chronic lesions of retina shun darkness.

Hemeralopia and myclotopia so-called. If in examining crystalline lens you detect cortical cataract in child, look for rachitis; if pyramidal, look for inherited condition producing it.

Hæmophilia of eye detected by rapid filling of eye or a portion of it with blood.

If eyelids and face are discolored, conjunctive, jaundice, look for Addison's disease.

Whitish deposit on iris or large white egg-shaped masses in fundus, look out for tuberculosis or scrofula. Examine mobility of eye in all directions and see if lids follow eye as eye is depressed, if not, this is Von Graefe's sign, and if associated with exophthalmia and Stellwag's sign (which is inability to wink), and if associated with irritable heart and a goitre, look for exophthalmic goitre; Romberg's sign, where erect posture cannot be maintained with eyes closed, body erect and feet together, indicates incoördination; look for spinal cord or cerebellum lesion producing it.

Rocky Mountain Views,

Set of six beautiful Albertype views of Rocky Mountain scenery, including Castle Gate, Royal Gorge, Garden of the Gods, Summit of Pike's Peak, Glenwood Springs, etc., on 11x14 paper, with wide margins, suitable for framing, sent to any address, postpaid, upon receipt of fifty cents by F. A. Wadleigh, G. P. A., Rio Grande Western Railway, Salt Lake City.

The College of Physicians in Philadelphia announces through its committee that the sum of five hundred dollars will be awarded to the author of the best essay in competition for the Nathan Lewis Hatfield Prize for Original Research in Medicine.

Subject: "A Pathological and Clinical Study of the Thymus Gland and Its Relations."

Essays must be submitted on or before January 1, 1900. Address J. C. Wilson, M. D., Chairman, 219 South Thirteenth street, Philadelphia, Pa.

**Camp George H. Thomas.**

CHICKAMAUGA PARK.

Lytle, Ga., June 14, 1898.

Mr. John Moffat.

My Dear Sir:—Knowing you are a patriotic Chicagoan, it has occurred to me that you would like to know the personnel of the medical corps of the First Illinois Cavalry, as well as some of its history, since leaving Chicago on the 26th of April last.

MEDICAL CORPS.

Wm. Cuthbertson, Major and Surgeon.

T. Jay Robeson, Captain and Assistant Surgeon.

Jesse Rowe, First Lieutenant and Assistant Surgeon.

Dr. Robeson is a graduate of Chicago Medical, 1893, and lives in Chicago. Dr. Rowe graduated from Rush in 1894 and resides at Abingdon, Ill.

HOSPITAL CORPS.

Albert E. Mowry, Hospital Steward.

Oliver J. Flint, Hospital Steward.

Harry H. Hagey, Hospital Steward.

Graduates in medicine this year, 1898.

Privates in hospital corps:

Louis M. Trulson, Edward D. Piper, George S. Park, Edmund J. Lassague, D. D. S., Max C. Ruehl, Alexander H.

Hepburn, Ernest A. Fetherstone, Samuel Shultz, Jacob F. Hultgen.

All of the above named privates graduate in medicine next spring, except George S. Park, who graduated in 1883 from Bennett Medical College.

Jean B. Kopf, druggist.

TRAINED NURSES.

Robert H. Henderson, New York City Hospital.

John W. Ross, New York City Hospital.

William A. Barbot, yellow fever immune.

It will be seen from the above list that the First Cavalry has a most efficient hospital corps. At Springfield we were paid the compliment by the state authorities for having the cleanest camp, the best sanitation and the least serious sickness of any regiment at Camp Tanner. On our arrival at Camp Tanner we were greeted by a downpour of rain, and from the 27th of April till the 30th of May, when we left for Chickamauga, it rained almost every day. This unfavorable weather was the cause of a great deal of sickness. Pneumonia was prevalent, and a number of cases of cerebro-spinal meningitis developed. This was undoubtedly caused the pneumococcus. We had three cases of meningitis. One which developed on the train between Chicago and Springfield, but who did not set foot in the camp, died forty-eight hours

after our arrival. The other two cases were treated by injections of mercuric chloride and lumbar puncture, with the result that one is home in Chicago well, the other being still in the hospital at Springfield.

Since the date of enlistment we have only lost one man by death. He was operated on for appendicitis on Sunday, the 29th of May, and was left at Springfield hospital. I recently received word he died there on Saturday, the 11th of June, after a secondary operation. Our death rate has been the smallest of any Illinois regiment. While at Springfield we did one operation for the radical cure of hernia; one for appendicitis; one for varicocele, and two lumbar punctures for meningitis. Our advent here into a high temperature and dust-laden atmosphere was the signal for diarrhoeas to commence. Almost without exception our regiment of 1,030 men has had a touch of it. It has been accompanied with a feeling of great prostration, and in many instances evidences of a profound toxæmia, the temperature rising to 104 degrees F. to 105 degrees F., and pulse rate from 100 to 140. These cases readily respond to low diet, castor-oil and Tr. Opii, and in the fever cases calomel internally and cold applications externally.

Since our arrival here we have had to help out, in a medical line, two other organizations. The Montana cowboys came down with only one surgeon. Capt. Robeson has been detailed to assist them. Two troops of Kentucky cavalry came here without a doctor or a grain of medicine, so they were annexed to our medical department. Dr. Rowe has taken them under his wing. It is a very different thing being an army surgeon and surgeon to one of the Chicago hospitals. Instead of asking for what you want and having it put in your hand, as in Chicago, here your brain is taxed to the utmost to get even the merest necessary supply. Since the recent heavy rain the health of the camp has greatly improved, and now the morning sick call is a poorly attended affair.

The Ladies' Auxiliary of the First Illinois Cavalry and Rev. Ernest M. Stires of Grace Church, Chicago, have been very good to the regiment. They have sent us cash for our hospital fund, which has enabled us to buy ice, lemons and such needed articles, as well as a supply of night

shirts, towels, sheets, canned goods, etc. Before these supplies came we were in rather a sorry plight. Imagine trying to treat intestinal toxæmias with no other diet than hardtack, pork and beans and coffee without milk! When our men begin to drill on horseback we will be kept busy with broken bones and dislocated joints. When we get busy at that work I will write you a further communication.

Very truly yours,

WM. CUTHBERTSON,
Major and Surgeon, First Cavalry, Illinois
Volunteers.

A Brief Outing in the West.

By the EDITOR.

While this brief report is closely connected with the meeting of the American Medical Association, the detailed report of that meeting proper is found in our editorial columns. The trip being taken in connection with the Denver meeting, there was no part of it that was not in the company of from several to hundreds of physicians.

Leaving Chicago June 3 via the luxurious, electric lighted cars of the C., M. & St. P. road, the next morning found us in Omaha, with a rain which seemed bent on testing the capacity of the Missouri River banks. However, we visited the Trans-Mississippi Exposition during the day. To one who saw much of the World's Fair in Chicago, a comparison, at least mentally, is unavoidable; nor indeed does Omaha suffer by such comparison, if one fairly considers the pretensions and possibilities in either case.

The buildings are quite similar to those of the World's Fair, except in the matter of size. Doubtless the most attractive feature to the majority of visitors is the Government Building and exhibit, and particularly so in the army and navy departments; these were presided over by attendants detailed from the government service. With their intelligent explanations, the various portions of the exhibit had an increased interest.

The state buildings are interesting to visitors and are well worth inspection.

The medical department and emergency hospital, under the charge of Dr. E. W.

Lee, is a model portion of the enterprise. All visiting physicians are welcome to call and inspect the same in its detail and arrangement.

A surprise awaits those who have never gone from Omaha to Denver over the Union Pacific. For smoothness of track and perfection of equipment it compares with any of the eastern lines to New York.

The next five days were spent in Denver, as elsewhere detailed.

Friday morning the Association was tendered a complimentary trip on "the loop" road to Idaho Springs. Over 1,800 tickets were issued, and it is safe to say they were all used. This line is one of the many engineering feats of Colorado, and by many considered the most remarkable of all. It is a narrow-gauge road, running from Denver to the noted Silver Plume mine, the elevation of the latter being about 10,000 feet. It is claimed the camps in this cañon have produced one hundred millions in gold and half that amount in silver.

The entire party of 1,800 were given an elegant luncheon by the citizens of Idaho Springs, given carriage rides, shown the hot cave and otherwise entertained during the hour and a half spent in the town.

The return trip was made to Denver in time for dinner, several private receptions being the order of the evening.

Saturday morning almost the same number again accepted the hospitality of the Arapahoe County Society, in a complimentary trip to Colorado Springs and Manitou. The Antlers and Elk hotels in Colorado Springs, as well as the Manitou, Mansions and Cliff in Manitou, were each filled to their capacity. At this point some of the party visited Pike's Peak, others the Garden of the Gods and others Cheyenne Cañon, or other points of interest, so that in the two days it was thus possible for all to see about everything, and yet avoid crowding at any one place of attraction. Saturday evening the visitors were tendered a reception and ball by the proprietor of the Mansions. It is unnecessary to recount the impressions of a trip up the Peak or to attempt to detail in a word-picture that noted spot, the Garden of the Gods, where dame nature seems for the time to have forgotten all her seriousness and gravity, and to have, in a wild, weird, fantastic fancy, flung together all sorts of rock in all sorts of shapes, and left them all un-

covered, so that man would be sure to see them and could laugh or wonder in amazement as the fancy struck him.

Monday a goodly number took the trip to that noted gold mining camp, Cripple Creek.

Here a surprise awaited those accustomed to either mountain scenes or western hustle—to find in Cripple Creek a city of over twenty brick blocks, of two, three or four stories in height, with electric lights, and car lines, and all the other appurtenances which go to make up a modern city of 25,000 population. Gambling and other presumably necessary characteristics of a mining town have been abolished, and all this has been done in two years' time. Those who desired were favored with a visit to the 400-foot level of the Elkton mine, a very valuable property, owned in part by Dr. J. W. Graham of Denver, through whose kindness the courtesy was extended.

The next day the party was pretty well divided. Many went directly to Glenwood Springs, others to Salt Lake City or other points. Much advantage was gained by the courtesy of the roads in selling tickets going one way across the state and returning another. By this arrangement those who went west of Colorado Springs via the Denver & Rio Grande would see the Royal Gorge, one of the most imposing scenes on the continent; Leadville, one of the highest cities in the world, with an altitude of over 10,000 feet; the summit is reached at Tennessee Pass, 400 feet above Leadville; soon we came into the Rabbit River Cañon, and from that by a tunnel into the cañon of the Grand River, ending at Glenwood Springs.

Those who went via the Colorado Midland would see Ute Pass, 9,000 feet above sea level; Cascade Cañon; would almost encircle Pike's Peak at an altitude of 8,000 feet; Rainbow Falls; Dome Rock; Twin Lakes; the Hagerman Pass and Tunnel; Hell Gate, with its sheer descent of over 2,000 feet, and the coke ovens of Cardiff. Thus either route is most inviting and one could not regret it whichever way was chosen.

Landing at Glenwood, we are perfectly amazed at the beauty and elegance of this little resort, nestled down among the mountains. We have made arrangements for a number of illustrations of this resort

and will give our readers a separate letter on this alone. Suffice it to say at present there was not a visitor who was not entranced with the place and its management. Not half those who came went away as soon as they had expected, and some gave up the trip to Salt Lake entirely.

Salt Lake, however, has its attractions, and when you have once crossed the desert is well worth studying for a few days. On the way to Salt Lake the traveler must not miss seeing the giant rock formation—Castle Gate—a place described in miniature by its name. The Mormon buildings in Salt Lake City and a swim at Soltair Beach are too well known to demand more than mention in this connection.

Again our eyes were turned toward the rising sun, with only the regret that all our friends and loved ones were not with us to have shared our pleasure.

A Rectal Ulcer and Its Sequences.

By T. A. DAVIS, M. D., Prof. Surgery Chicago Clinical School. Attending Surgeon to Cook County Hospital, etc. Prof. Prin. Surgery College Physicians and Surgeons.

Syphilitic ulcer of the rectum; peri-rectal cellulitis; ischo-rectal abscess; extensive destruction of the paraproctino; the levator ani and transversus perinæi muscles, resulting in a complete dislodgment of the rectum from all but its peritoneal moorings, with its complete descent below the perineum for a distance of two and a half inches when the patient assumes a standing position.

Ten operations recorded on the case in Cook County Hospital. The patient maintains she has had fourteen.

Recovery. History of the case.

The patient is a French woman, thirty-eight years of age; married, and has had one child. At the birth of the child she sustained an incomplete laceration of the perineum. This was previous to the contraction of syphilis.

She was first admitted to the skin and venereal disease ward of Cook County Hospital in March, 1894, suffering from tertiary syphilis, which she said she contracted by mouth from her practice with men just before the World's Fair. The primary lesion occurred on the lower lip.

She remained in the skin and venereal department for but a few days, when she

was transferred to the surgical department for the treatment of a rectal ulcer, rectal tenesmus and diarrhœa.

This patient has been the betenoire of members of the different staffs since her admission, because with every operation she grew worse, and her demand for operative relief, kill or cure, became more imperative. "French Mary" has been a well-known character to the dermatologists, gynæcologists and surgeons in the past four and one-third years' history of Cook County Hospital.

She came under my service February 27, 1897, at which time the rectum was completely dislodged from its moorings, excepting the peritoneum, and it hung two and one-half inches below the perineum when the patient stood erect. When she lay on her back the peritoneum retracted so as to draw the rectum within the large granulating sinus, when the index finger could be swept around the bowel in the sinus to the depth of two and one-half inches. The history of the patient has been taken away from the hospital, so that I could not get in detail the previous treatment, except such tradition as the "esoteric circle," the internes, could give me by word of mouth.

I learned that from the syphilitic ulcer of the rectum, pus infection spread to the ischio-rectal fossa. Multiple ischio-rectal abscesses followed, until the complete dislodgement, described above, occurred. Local treatment to the ulcer, sphincter stretching, cutting, curetting the sinus and internal treatment of mercury and iodides had been given.

Furthermore, the gynæcologists had operated upon the cervix and perineum; on the latter without success. The rectal ulcer was cured.

Plate I shows the condition at the time of my first operation. I did a subperiosteal resection of the last sacral body and the coccyx, and curetted the sinus wall, hoping thereby to change the perineal plane so as to drain the sinus well, and thus favor reunion of granulating surfaces of gut and sinus walls, which were saturated together. There was no benefit derived from this operation, very little union having taken place. The failure I attributed to the disturbance of the wound from the physiological functioning of the bowel, so I determined to establish an artificial anus.

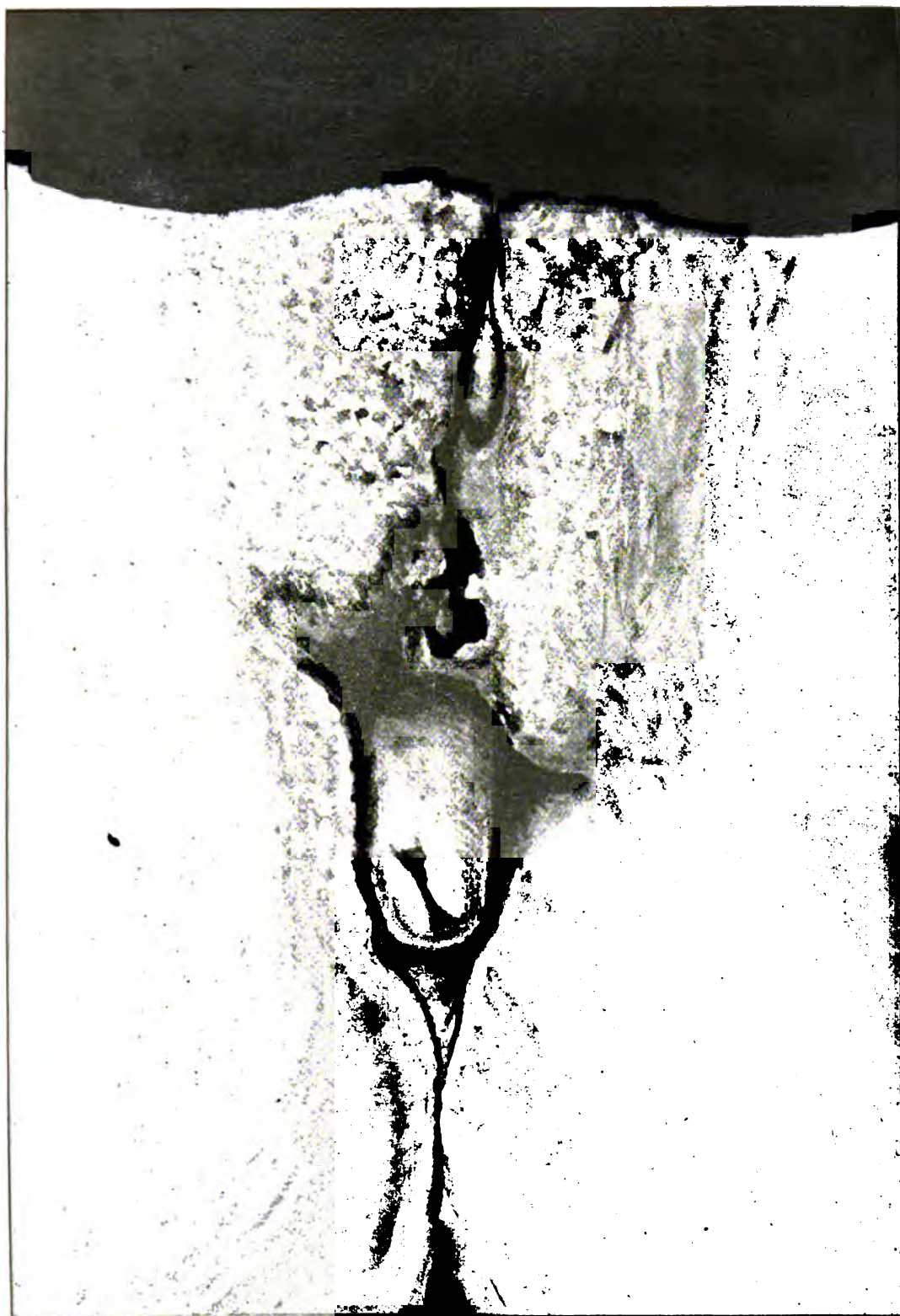


FIG. 1.

My second operation was done eight weeks after my first, April 27, 1897. This consisted of left inguinal colostomy at one sitting, American method. After this operation the healing of sinus was rapid, and in ten weeks' time the whole perineum was cicatrized over, leaving no visible anal opening. The patient's general health improved. The "septic color" left her and she got quite well indeed. The patient was not satisfied with the artificial anus, although it was perfect of its kind, and demanded the restoration of the anus to its normal position.



FIG. 2.

tion. My third operation, October 11, 1897. On running water from the irrigator into the distal gut from colostomy opening, a very small spurt indicated the anal opening and served as a guide. The opening was slightly dilated, or torn, rather, and a knife was inserted, and four incisions, equidistant from each other, radiating from the center and extending through the fibrous tissue to normal skin, were made. The skin and mucous membrane from the ends of these incisions were drawn together, as is commonly done for marginal

anal strictures. This operation resulted in a large anus, but infection of the perineal fibrous tissue necessitated further procedure. Healing would not take place. On May 12, 1898, I dissected out all of the scar tissue from the perineum and sutured the bowel to the skin, using silkworm gut sutures with iodoform gauze buttons, alternating first one in bowel and then one in perineum. Six of these tension sutures and about a dozen coaptation sutures of silkworm gut were used. Patient made a good recovery and wound healed by primary intention.

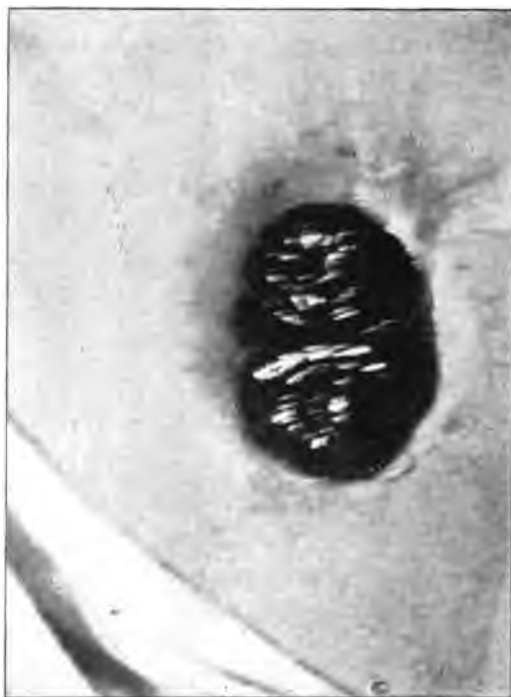


FIG. 3.

My last operation was done May 26, 1898, a month ago. It was to close the artificial anus.

It consisted of the following steps: 1st. A circular incision through skin around the "rosette," with the excision of the skin.

2d. The introduction of a long rubber tube from distal into the proximal bowel, which I thought might be servicable in permitting gaseous or other matter to pass without contaminating the field of operation, and also by the elasticity of the tube it inverted the bowel wound and served well

also as a frame on which the subsequent work of closing the bowel was done.

3d. Closing of opening in bowel with three rows of cat-gut sutures.

4th. Closing of external wound with silk-worm gut sutures through fascia and skin. The peritoneum was opened in one point only.

It may be interesting to state the manner of introduction of the rubber tube. The long, curved forceps were first passed into the proximal bowel through artificial anus, but I was unable to get it through the sigmoid curves. I then tried in the same manner, and was successful, with a large rectal elastic bougie. I then tied heavy silk thread to the bougie and with it drew the rubber tube up through "rosette." I then pushed the tube through rosette into proximal bowel for the distance of about six inches. This tube was allowed to remain for forty-eight hours to conduct gaseous and other matter from the bowel, and thus prevent tension upon the wound. I had intended to pack iodoform gauze strips around tube, having the ends of the strips fastened to silk thread, by which they could be withdrawn through the anus after the operation, but the bowel was so well prepared that I did not need to use them.



FIG. 4

There are two important things demonstrated in the case; one is the value of, and necessity for, physiological rest in promoting healing in the region. The second is the ability to get a patent anus by extensively dissecting away the fibrous tissue in such cases and sliding in and suturing the elastic tissue of the buttock.



FIG. 5.

The last cut shows the line of suture two weeks after last operation, healing taking place without suppuration.

The patient has control over the bowel, having an evacuation voluntary each day with little effort.

This rather surprised me, and I shall study with interest for the exact conditions of the rectal apparatus for a while. The external sphincter was cut off from its cerebro-spinal nerve supply, I supposed, by the supuration process. It was separated from the levator ani muscles and skin. The lower end of the bowel, as it was extended, presented a club-shaped form from the thickening due to inflammatory infiltration of the sphincter. The sphincters had some power, however, and now the rectal control can be accounted for only by reattachment to muscles and returned innervation.

ABSTRACT.

The Non-Operative Treatment of Diseases of the Upper Respiratory Passages.

W. Scheppegegrell, A. M., M. D., of New Orleans, La., read a paper upon "The Non-Operative Treatment of Diseases of the Upper Respiratory Passages."

The object of the communication is not to disparage the effects of surgical methods, but to emphasize the importance of non-operative measures and their usefulness in a large majority of cases. So many articles have been published on the surgical methods of treating diseases of the nose and throat, and in comparison so few on non-operative methods, that the former has assumed an undeserved prominence, so that many patients and even physicians believe that every pathologic condition must be remedied by surgical interference.

The "six weeks' specialist" is especially dangerous in this connection; he has witnessed a large number of operations in the polyclinic, many of these cases having been especially reserved for these lectures, and he associates every case which he meets with surgical methods. He purchases the necessary instruments, and, on his return home, every patient is viewed with the possibility of utilizing this investment.

The limits of this paper will permit only of illustrating the principles of non-operative methods without going into details. The nasal septum does not require surgical treatment, simply because it is slightly deformed; an operation is required only when it impinges into the opposite tissues, offers marked obstruction, or gives rise to reflex disturbances.

In the treatment of acute coryza, the author has had the best results from a spray of a 2 per cent. guaiacol solution, and the internal administration of quinine. The prescribing of cocaine preparations in these cases is dangerous. There is no justification for placing this alkaloid in the hands of the patient, thus favoring the formation of the cocaine habit.

The greatest surgical abuses in rhinologic practice have been in hypertrophic rhinitis and in the so-called intumescent rhinitis. Congestion of the nose may be a sign of a disturbed condition of many other parts of the body, and these should be carefully eliminated before surgical

methods are applied. The cases in which they are demanded will be found comparatively few.

In atrophic rhinitis, cleanliness is a most important factor in the treatment, and this may be best obtained by means of copious irrigation with non-irritating solutions. The methods that have been recommended are the various topical applications, sprays, massage, electrolysis and serum therapy.

The location of the accessory sinuses makes the treatment almost necessarily surgical. It should not be forgotten that acute sinusitis naturally tends to cure. Exploratory punctures of the antrum are not without danger and may develop a purulent condition in healthy antra.

In nasopharyngeal catarrh, surgical methods are usually referred to the nasal chambers. It should be remembered, however, that certain constitutional conditions, such as lithemia, scrofulosis, etc., may here exhibit a local expression of a general dyscrasia. An important part of the treatment is to prevent the patient from irritating the pharynx by means of the nasal screatus, by means of which the secretion is drawn into the mouth and expectorated. A non-irritating solution should be given the patient as a means of freeing the nasopharynx, and all violent efforts on his part to clear the throat should be avoided. It should be explained to him that the sensation of a secretion in the throat may be due not only to its actual existence, but also to the increased sensitiveness of the throat, which would cause even the normal secretion to feel as a foreign body."—Med. Rev. of Reviews.

Should Ministers Pay Doctors?

Nay, rather let us put the query—why should not ministers pay the doctor? There was a time when the shepherd of the flock labored among his fold and received neither gold nor silver, but lived off the hospitality of his followers. The farmer gave him grain and vegetables, the miller gave him flour, the shoemaker made him his shoes, and the doctor gave of his skill and medicine with grace according to the needs. To-day the minister receives an income equal to the average physician, and far exceeding that of the young practitioner. The minister adapts himself to this new condition, but does not discharge the obliga-

tions of the farmer, the miller and the doctor. His income may exceed theirs, yet donations, half rates and perquisites are still not only acceptable but expected.

"I never paid but one doctor bill in my life, and I have never been to that doctor since," said an aged divine, who for the past twenty-five years has received a salary of not less than \$2,000. Yet it is not unlikely that in his family more than one physician has given of his time and skill who did not have a cash income of half the amount of the minister's salary. Why should not our ministerial brethren be consistent in their business relations with their fellow-men as they would have them be in the spiritual life?—Med. Standard.

Clean Surgery in Minor and Emergency Cases.

The "Virginia Medical Semi-Monthly" contains a paper by Dr. Howard of Alexandria, on the importance of clean surgery in minor and emergency cases of the general practitioner.

I do not intend to enter into a discussion or consideration of the various antiseptics or of the rationale of their action, but, accepting authority, and having urged and pleaded for their application, to now suggest some practical hints, by attention to which clean surgery may be obtained in minor work, and having become a habit in this class of cases, will be assured in such major work as the general practitioner is called upon to perform.

First, then, concerning minor work.

Your hands, though spotless, soft and white, and but just washed and dried on a freshly laundered towel, may be surgically filthy. Adopt some one of the various accepted methods for cleansing them, as bichloride, permanganate and oxalic acid, etc., but don't dry them afterward on a non-sterile towel, and don't cleanse the nails with a knife which may not be clean any more than you have scrubbed them with a brush unclean from its last use.

Remember that "rinsing" in bichloride is a farce—laughable, but that it is criminal.

Don't grudge the time necessary to prepare to do "clean" work, as in the preparation of your "tools," viz.: instruments, needles, sutures, solutions, applications and dressings.

All instruments should be sterilized twice

after each operation and before. Boiling in soda solution (3jss—Oij) is as good a method as you can use. Boil for five minutes. If you cannot boil an instrument, passing through any flame will sterilize it; fresh soot is not unclean surgically.

Having cleaned your instruments and hands, do not soil them by contact with an unclean site of operation; this should be as carefully cleansed as your hands, by scrubbing, and the use of some accepted antiseptic. Remember, bichloride will not act in the presence of grease, and that alcohol or ether will remove that substance.

Hands, instruments and sight of operation being now clean, viz., sterile, do not soil them by contact with immaculate towels, bed clothing, or portions of your own or patient's body not prepared for operation; let not that which is clean touch anything that is unclean; use only sterilized water for irrigation in nonseptic cases. Rely more on amount of the irrigation fluid used in septic cases—that is, on its mechanical antiseptic action rather than its chemical properties, and aid its thorough application by force of steam and, where feasible, by "rubbing it in." Don't irrigate from a fountain syringe nozzle which has not been boiled since last used, and don't hang nozzle in mouth of bag when not in use; if, by mistake, you have done this in a septic case, don't use bag again until sterilized.

Don't use a pocket case which you cannot sterilize; the leather velvet-lined case is an "omnium gatherum microbium." Don't use an instrument having a wooden handle until you have removed the wood; the best handles are flat with square edges.

Don't be stingy with the number of sutures, nor of your patient's patience in placing them; consider that you are to be judged by cosmetic effect.

Don't use adhesive strips, or, if at all, not so as to touch wound; they are always of doubtful cleanliness. Don't use iodoform or other dusting powder that you have not sterilized by "cooking," and don't consider expense in its use.

Don't be stingy with your gauze and absorbent; of the former, plain as good as any, but don't rely on the reputation of the house that bottled or boxed it—"cook" it yourself.

Don't think that absorbent from pound package is made clean for swabs by dipping

in bichloride. Sterilize them beforehand by boiling or cooking.

Don't consider any wound too small for the entrance of the death-bearing agencies, or that slight pain and inflammation do not matter; they are infallible witnesses of carelessness and disregard of duty.

Don't dress your wound under five days unless throbbing pain, fever or redness be present, or unless you have used drainage, which do only when you cannot be sure of your wound being clean.

Don't be ashamed of being considered by any as finicky; quiet attention to detail need not involve fussiness. Consciousness of duty performed will well repay for the sneer that you are making a big show; for a small, neat scar, soon to disappear, and a painless result, will in time convince the layman that it is not so much what you have done as the way you have done it.

I have finished with Don'ts. I have but one Do. Do be clean. Asepticism, clean surgery, to be effective, must be perfect, or it is useless. It is only to be attained by absolute and minute attention to detail. One streptococcus pyogenes is only 0.7 mm. in diameter, is autogenous, and will, if applied with suitable pabulum and conditions, beget in twenty-four hours a family which would fill the Atlantic.—Atlanta Med. Jour.

Asphyxia in the New-Born Infant.

Dr. S. Stringer, in the "Georgia Journal of Medicine," gives some new ideas on this subject, as follows:

I desire to call attention to a method of relieving asphyxiated newly-born infants, which I do not think has been presented to notice heretofore. I do not claim for this method, as is done by many others, that it is novel or unique, etc., but it is based entirely upon chemical and philosophic principles, and, like many other facts in our profession, is the result of accidental discovery.

We know that in the asphyxiated infant, unless the blood becomes oxygenated very soon, the child must die; we know that from several causes the sensorium has become so deadened or blunted as not to respond to the irritation of the atmospheric air, the application of cold water, or other methods of inducing respiration; yet foetal life still remains and would continue were

it not that the placenta has become detached, and thereby respiration, or oxygenation of the blood through the medium of maternal circulation, is cut off.

Now, if we could maintain foetal life by any method until the sensorium can sufficiently recover to respond to the nervous excitants of respiration, we would, in many instances, save the life of the infant. How this is to be done is the object of this short essay, as well as to relate the circumstances which led to the discovery thereof.

A few years ago I was called to a multipara in labor, and was told she was only in her fourth or fifth month of pregnancy. In a few hours she was delivered of a foetus, which I took to be about the age indicated. The foetus, membranes and placenta were all delivered by the same effort. Nothing unusual having occurred, the foetus and envelopes were laid aside until my departure, when I had it placed in some cloths and rolled up to carry with me for the purpose of saving it as a specimen; but, it being late in the night, I deposited it until morning, when I proceeded to examine it, and, to my astonishment, found the foetal circulation still going on, with pulse at wrist very perceptible. This was several hours after birth. Here was a case of foetal circulation, to my mind, carried on by æration of the blood through the medium of placenta exposed to the atmospheric air.

In contemplating this case it occurred to me that this information might be utilized in cases of asphyxia in newly-born infants, and I resolved to try the first case that came under my care.

Some time elapsed before a case offered to put in practice what I thought to be an important discovery. At last a case presented itself, a large and well developed child, of white parentage, and in which the head had been molded into cylindrical form by a narrow pelvis. The child could not be induced, by the usual method of cold application and rolling, to make any effort at respiration. The circulation was still going on in the funis with some vigor, but the deepening of the dark hue of the surface plainly indicated that, unless oxygenation of the blood could take place, death would soon follow.

Already the pulsation in the cord had become feeble, and was becoming more so rapidly, when I delivered the placenta, rapidly cleansed it of clots, and exposed the

maternal surface to the atmospheric air. In a very short time the pulsation was perceptibly increasing in force; the livid and death-life hue was being displaced by one of life and health, when it required but a few moments for the restoration of sensibility, when the process of respiration commenced.

I feel sure that, had the placenta remained in the os uteri or vagina, excluded as it was from atmospheric air, death from asphyxia would certainly have occurred to the child.

Several subsequent cases have proven, to my mind, that this simple and rational plan of restoration is preferable to all others, and I will ask, Why not? Does not the blood become rapidly oxygenated when exposed to the air, even in an open vessel? Have you not seen venous blood reddened in a few moments after exposure to atmospheric air? Then why not, when exposed to the air, by osmosis, through the irregular surface of the placenta, where æration had been going on from the time of the earliest distinct organization of the embryo?

In nearly all cases of asphyxia the labor has been tedious, owing to narrow passage and time required to mold the head to the same, by the powerful expulsive effort which detaches the placenta and throws it into the os, or entirely into the vagina, as the child emerges from the third stage of labor. Therefore, you will find no difficulty in the immediate removal of the placenta, should you have a case of asphyxia.

After its removal from the vagina, it will be much easier to lift the cord from the neck, and examine for any interference with free circulation in the cord, and correct the same. The placenta should be spread out with maternal surface cleansed of all clots and membrane, so that free access of air can be had. If it becomes necessary, on account of numerous clots, to use water to cleanse the maternal surface, it is advisable to have it warm, as it is remarkable how quickly the use of cold water will chill the child; yet it is but natural to expect such result when you apply cold to so large surface of the capillary circulation as is maintained in the maternal surface of the placenta.

So long as the circulation keeps on through the cord, you need not fear for the life of the child, for it is a continuance of

foetal life after birth, and will keep the child alive for an indefinite time.

As soon as respiration occurs, which, in some instances, has been delayed as long as twenty-five minutes in some of my cases, the circulation is diverted from the placenta to the lungs, and pulsation in the cord ceases in a few seconds, when the child is to be separated from the placenta, as in ordinary cases.

I commend this method to the profession, and ask that it be tried where more cases present themselves than are met by provincial practitioners, when, I am convinced, it will be universally adopted.

Observations on the Blood of Tuberculous Patients.

Dr. George W. Johnson of Chicago contributed a paper with this title to the recent meeting of the Illinois State Medical Society. These observations were made on patients in the advanced stage of the disease, with cavities and at times hæmoptysis. The observations were made before meals, and no attacks of hæmoptysis occurred between the first and second examinations. Of the thirty-three cases, twenty-five were found to have leucocytosis, i. e., the white cells ranged above seventy-five hundred per cubic millimeter. The twenty-five having leucocytosis also had cavities. Nine of the thirty-three showed a red-cell count of 5,000,000 or above, which, according to Cabot, was a normal basis. The remaining twenty-four showed a red-cell count in many instances far below 5,000,000, and in no case was the hæmoglobin up to normal. In only one case did it reach seventy-five per cent.

Treatment of Neurasthenia.

Dr. Hugh T. Patrick of Chicago, in a paper before the Illinois State Medical Society, said that for the production of neurasthenia, as for the production of nearly all disease, two conditions were essential: 1st, a noxious agent, and, 2d, a relative vulnerability of the organism or of some part of it. The ratio of these two factors might be called the etiological index. In some cases the first named factor, i. e., the extraneous agent, would be very prominent, the organism itself being considered as normal. In others the exciting agent would be exceedingly slight, the inherent

susceptibility or instability of the patient being an essential causal condition. Each of these two classes of neurasthenia would naturally need radically different treatment. In the first, those in which the patient once possessed a normal nervous system, which had simply been overstrained and overdrained, the important features of treatment were rest and recuperation. In the second class of cases, those in which an unstable nervous system of the individual was at fault, the treatment was essentially mental, and the best way of administering it was by systematic education. For such patients isolation and an initial period of rest might be very useful, but for the further treatment gradually increasing physical exercise and mental occupation were necessary.

Railway Surgery.

The "Georgia Journal of Medicine and Surgery," in opening its department on this subject, submits these very pertinent points as a basis of action:

Railway surgery has a field wholly its own.

The mission of railway surgery should be:

To arrive at the highest stage of excellence in ability to treat the injured.

To establish the railway hospital as a fixed system in railway service, the better execute the first great duty, and to give the more exposed class, the employé, the very highest and best surgical service, combined with the greatest economy to both railway and sufferer, be he employé or passenger.

Prevention of injury upon railways as far as possible.

Improved sanitary measures in the interest of the general public in the transportation of passengers, to prevent infection or the spread of contagious diseases.

Advances in the Domain of Preventive Medicines.

Dr. J. M. G. Carter, the President of the Illinois State Medical Society, said in his presidential address: My chief object is to show that a responsibility exists in the field of preventive medicine, and that this responsibility rests upon the state. The speaker presented the following propositions as expressing his ideas of what was necessary: (1) The state or municipality

should give men who could not secure other work some kind of employment which would afford them a living. (2) This might be done by introducing public improvements. (3) A minimum rate of wages should be paid, so that only those who could not find work elsewhere would seek such employment. (4) All able-bodied men without work, who had no visible means of support and who did not apply for such government employment, should be subject to draft for this labor. (5) The unfortunate and disabled poor should be cared for as wards of the state. (6) The state should see that the poor were properly or comfortably domiciled in houses provided with good ventilation, supplied with good water and sufficiently warm. (7) Inspection of the homes of all the people should be conducted regularly and thoroughly, the object being to see that they were in good sanitary condition. (8) All meats, vegetables, fruits, dairy products, milk and manufactured foods should be inspected as to their source, composition, and present condition. (9) Public baths should be established where the poor could have facilities for bathing free or at a nominal cost.

Regarding Hypertrophy of the Faucial Tonsils.

Dr. J. F. Barnhill, in the *Med. Mirror*, says: The author makes a semi-apology for writing on such an apparently worn-out subject, but justifies himself in so doing on account of the "thousand-and-one" notions extant regarding the nature of a tonsil, its function, the evils to health when diseased, and the rational methods of treatment.

The tonsil in early life is largely lymphoid tissue. Long continued inflammation gradually changes this to connective or fibrous tissue. Its functions are two. Its mucous glands secrete a small amount of pharyngeal mucus. The adenoid tissue of the gland performs its proportional part of the duty, whatever it may be, that belongs to the whole lymphatic glandular system. This physiologists believe to be the elaboration of lymph and the production of lymph corpuscles. Both these uses, as served by the tonsil alone, are comparatively insignificant, and practically useless, as the office can be efficiently carried on by the abundance of other like tissues of the body.

There are three clinical classes of hypertrophied faucial tonsils.

1. That of which no complaint is ever made by the patient. Such enlarged and diseased tonsil placed suddenly in a healthy throat would no doubt be bitterly complained of, but its old possessor has grown up with it, into the condition it brings, knows no better throat and may honestly believe his perfect. In this class the gland is usually soft, has few and small crypts and is free from adhesions.

2. A class that makes complaint of from one to several attacks of quinsy or tonsillitis each year, but is free from all trouble between such attacks. A rheumatic diathesis has some connection with many of these cases. The tonsil is harder than in class 1, its surface more ragged, the crypts larger and more patulous, and the gland is usually adherent to surrounding tissues.

3. A class in which there is constant complaint of more or less sore throat. The tonsils have once been greatly hypertrophied, but as a result of years of inflammation there has been much atrophy from this state, with a deposit of fibrous tissue, leaving the gland comparatively small, hard, flat and always adherent. The crypts are fewer, deeply concealed and found with difficulty, sometimes by aid of the patient using his index finger to unroll the tonsil, thus exposing the deeper tissues.

The author recognizes nearly all diseases of the tonsils as being due to their great size and consequent mechanical obstruction, or to chemical or bacteriological changes going on in the crypts.

The evils to health from hypertrophied faucial tonsils cannot always be separated from those arising from the whole adenoid ring—faucial, pharyngeal and lingual tonsils, and hence the following outline should be understood to include all.

1. Evils due to reflex neuroses, affecting 1. The ear, as tinnitus aurium, otalgia and deafness. 2. The larynx, as spasmodic croup. 3. The stomach, as vomiting, gastralgia and dyspepsia. 4. The lungs, as cough and asthma.

2. Evils due to the tonsils as obstructive bodies: 1. Upon the ears, resulting in imperfect ventilation of the middle ear, thus giving rise to a large percentage of all ear affections. 2. Upon deglutition, a hindrance when the glands are very large, adhesions high up interfere with the action

of the levator and tensor palati muscles, and regurgitation of food through the nose may result. 3. Upon the voice. Injures the quality of the voice by changing the size and shape of the resonance cavities. 4. Upon the respiratory function. Gives rise to mouth breathing, snoring, disturbed sleep. Desiccates the whole respiratory tract. The dry tongue impairs taste, the dry bronchi predispose to cough. 5. Upon body development. Impairs the growths of all the tissues, particularly the central nervous system, as shown by mental apathy and idiotic expression.

3. Evils due to the tonsils as absorbent. Furnish a favorable site for the lodgment of and absorption of infectious material, thus predisposing to the infectious diseases, as diphtheria and the many forms of tonsillitis.

4. Evils due to the tonsils as auto-infectious bodies. The enlarged and open crypts form lodgment for food, bacteria and cast-off epithelium, which, mixed with saliva at mouth temperature, are soon a septic mass. This is soon dislodged by throat movements and swallowed. Such toxic dinner pills, plus the infectious products of the teeth, tongue, nose and naso-pharynx, undoubtedly form a frequent source of stomach and general disorders. The lung tissues may possibly become infected through the air passing constantly over the septic tonsils.

The correction of two conditions will remedy the above evils. These are, removal of the tonsillar obstruction, and destruction or modification of the crypts, in which most of the above ill effects originate. Both conditions do not always co-exist. The most difficult cases to cure are those in which obstruction plays no part, but the gland is firmly adherent, has septic pockets and is chronically inflamed. The difficulty of curing every variety of diseased tonsil has given rise to a multitude of methods, of which the following are given with the author's comments:

1. Systemic medication, hygienic measures, etc., which are of value only in the young whose tonsils are yet soft lymphoid masses, and in those with certain diatheses, as the tubercular, rheumatic and strumous.

2. Application of astringents, gargles and pigments. These have the possible effect of relieving the inflammation existing in the tonsil. The reduction of the size

of the gland cannot be expected even after long treatment by this method.

3. Absorption of the glands by injecting solutions of carbolic acid, iodine, etc., into the tonsillar tissues. The method is difficult, painful and useless.

4. Partial destruction by silver nitrate, chromic or other acids, or by ignipuncture, are methods of benefit, but not cure, and prove very unsatisfactory. The points of local destruction leave pits that serve the same evil purposes as the original crypts.

5. Ablation, by snare with cold or hot wire, by bistoury or tonsilotome, when properly performed, cures the ailments arising in and from hypertrophied tonsils. The line of section should always be deeper than the basis of the crypts. The author has examined cases who have had tonsillotomy performed upon themselves, they claim, without benefit. In all these cases the operation had taken a mere slice from the top, severing the crypts through their course, but leaving their bases as active for evil as before. Such operations can never be a benefit. Tonsillotomy in the more adherent soft variety is a simple and safe surgical procedure. When the whole adenoid ring is cleared at the same time its benefits are most striking. When a tonsil has adhesions, such should always be thoroughly broken up. No instrument is made that can satisfactorily catch up the gland till this is first done. The question of greatest safety following the use of the snare with cold or hot wire, the

bistoury or tonsilotome, is not settled. The latter instrument is the easiest to use, the most universally used, and is comparatively quite safe. If for any reason a hemorrhage should be greatly feared, the snare should be used. An operator expecting to cure all classes of cases should have a good array of instruments. His judgment will then select the one to suit each case. Printed instructions as to diet, quiet, etc., should be given each patient after a throat operation. The author concludes that:

1. The tonsil is practically a useless body, its function being readily performed by the abundance of similar tissues elsewhere in the body.

2. When enlarged, and consequently diseased, it is always a menace to health, and may predispose to fatal illness.

3. A large per cent. of all the tonsillar diseases originate in the crypts of the organ.

4. Hypertrophied tonsils require treatment on the same rational grounds that an irritated infective tooth root should receive attention.

5. In the treatment but two things need be accomplished: Removal of any obstruction and complete eradication of all crypts.

6. These conditions are best met by ablation of the tonsil beyond the bottoms of the crypts.

7. And that little of a satisfactory nature to either patient or operator will have been accomplished by merely slicing off the top of any diseased tonsil.



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THE DENVER MEETING OF THE A. M. A.

We predicted last month that this meeting would be one of unusual worth, and now that it is past, we can say it is doubtful if in the history of medicine there has ever been a meeting of more general interest or one more entitled to be justly and unreservedly termed successful.

The efforts of the Denver physicians were Herculean, and their success was complete, even to detail.

The absence of President Sternberg was not entirely unexpected, but Vice-President Joseph M. Matthews of Louisville occupied the position with his usual ability and dignity. The meeting was called to order on Tuesday morning in Broadway Theater, with every seat and all the standing room occupied.

Dr. Matthews first read a telegram from President Sternberg, regretting his inability to be present.

Chancellor Wm. F. McDowell of Denver University offered an eloquent prayer,

after which President Matthews introduced Dr. J. W. Graham of Denver, Chairman of the Committee of Arrangements, who briefly welcomed the visitors and introduced Gov. Alva Adams, who gave a most enthusiastic and eloquent address of welcome. We wish space permitted a reproduction of his address; it was certainly one of the most appropriate and well-chosen we have ever heard.

Following the Governor, Mayor McMurray of Denver welcomed the association on behalf of the city.

The address of President Sternberg was then read by Colonel Woodhull of Denver. The address was of considerable interest. Among other points brought out the writer said: "In order that every physician of good professional standing may enjoy the privileges of membership, it is desirable that permanent members should be elected, without reference to their membership in subordinate societies, when they present satisfactory evidence that they are graduates in medicine of reputable standing in the profession, and are willing to subscribe to the Code of Ethics of the American Medical Association. In other words, a reputable physician should not be excluded from membership because the subordinate society to which he belonged declined to adopt the Code of Ethics." Reference was further made to the X-rays, Pasteur's treatment, the Widal test, prophylaxis, and a final reference was made to code matters by saying: "There is no longer room for creeds and pathies in medicine, any more than in astronomy, geology or botany."

Dr. Gihon, Chairman of the Rush Monument Committee, then made his annual report, and was made happy by the receipt

of over \$4,000 from the various states which had pledged themselves at the Philadelphia meeting. The amount now collected amounts to considerably over \$10,000. Dr. H. D. Holton of Vermont was named as treasurer of the fund. The treasurer, Dr. H. P. Newman, in his report congratulated the association on the fact that since 1894 the receipts have increased from \$12,700 to \$32,200 in 1897. During the last-named year there were added 1,500 new members, which is certainly a most creditable showing, considering the general financial conditions, and the fact that the official promulgation of an increased membership roll has amounted to nothing.

The work of the sections was in many instances far above the average. Several papers in each section might be mentioned as being of especial interest, but our limited space precludes the possibility of giving even a brief abstract of those which merit notice. Inasmuch as they will be published, and as doubtless all of our readers are members of the Association, or, if not, they should be, they will thus get the benefit of at least reading them.

In the medical section, the symposium on Perforative Peritonitis was both interesting and prolonged. The rather novel subject of the Cause of Mortality Among the Plymouth Pilgrims in 1620 was elucidated by Dr. Danforth of Chicago. The Differential of Dengue and Yellow Fever, by Dr. West of Texas, was also practical. Dr. Whittaker of Ohio read a valuable contribution on the Spontaneous Cure of Tuberculosis and Imitation of its Methods. Another valuable paper was by Dr. Bridge of California on Some Neglected

Physical Chest Symptoms. Editor Waugh of the "Alkaloidal Clinic" presented some very practical points on modern methods of treating consumption. There were many other papers of merit, but these seemed to elicit particular interest.

SECTION ON SURGERY AND ANATOMY.

The committee on the award of the Senn medal announced its award to Geo. W. Crile of Cleveland for a paper on Experimental Research on the Surgery of the Chest and Pleura. Chairman Rodman read an excellent address on the Influence of Age, Sex and Race in Surgical Affections. In this section there was such an accumulation of excellent papers and discussions that it is impossible to even refer to all the worthy ones.

With such contributors and leaders in discussion as Murphy, Bevan, Lord, Connor, Marcy, Price, Kelly, Engleman, Mayo, Mudd, La Place, Crile, Wheaton, Walker, Ochsner, Keen, Matthews, Hare, Harsha, Freeman, Harris and others present, what would be expected but a veritable surgical treat? And such it was to those whose good fortune permitted their presence. The section of Obstetrics and Diseases of Children, as was the case with several other sections, was unable to finish the program before them, and many very interesting and important discussions were cut short of necessity for lack of time.

The address on surgery by Dr. Murphy was in the nature of a surprise to many. Inasmuch as the doctor presented the results of his experimentation along the lines of a surgical cure for pulmonary tuberculosis, his deductions and predictions were quite in the line of millennial perfection, and we sincerely trust his further research will

justify his most sanguine anticipations.

The address on general medicine by Dr. Musser of Philadelphia on the Essential of the Art of Medicine, was listened to with the greatest interest, and well deserved the hearty applause it received.

We regret that we cannot refer to each of the other sections and their work.

The officers nominated by the committee were duly elected, as follows: President, Dr. Joseph M. Matthews, Louisville, Ky.; Vice-Presidents, Dr. W. W. Keen, Philadelphia; Dr. J. W. Graham, Denver; Dr. H. A. West, Galveston, and Dr. I. N. Minney, Topeka; Treasurer, Dr. H. P. Newman, Chicago. The next meeting will be held in Columbus, O., June, 1899.

The Committee of Arrangements deserve especial praise and thanks for the very excellent manner in which all the details of the meeting were completed and carried out. The section dinners were well attended and in every way satisfactory and pleasant.

The beautiful souvenir book of Denver and Colorado was a work of real merit, and will decorate many a library table, in memory of the meeting. There were 555 papers on the program and an unusually large percentage of the authors were present, so

that it will be realized that it was difficult to get through by Friday morning.

We must not close without a reference to the banquet to the editors and their friends on Monday evening at the Brown Palace Hotel. It was one of the most *recherché* affairs of the meeting and will be remembered, if all else should be forgotten.

C.

MODERN MEDICAL JOURNALISM,

Dr. Geo. M. Gould deserves the honor of being the most progressive editor present at the Denver meeting. He sent in by telegraph to the "Philadelphia Medical Journal" thirty-nine columns of report of proceedings and abstracts of the papers read, with the discussion. Such journalism is progressive, is American, is, in fact, western. We have indeed for some time wondered how a man so versatile, so ambitious, with such a remarkable capacity for work, could content himself in Philadelphia. Perhaps he is philosopher enough to appreciate the value of contrast.

One has, however, but to meet the man to realize why and how it is that the "Philadelphia Medical Journal" has become in six months' time one of the foremost journals in American medical literature—a veritable anachronism in its line.

C.



ITEMS.

Bellevue Hospital Medical College of New York has become the Medical Department of Cornell University.

The first month of the war with Spain ends with naught but minor surgery in our ranks. Let us hope that the record will thus continue.

Pluder concludes that the tonsils are very far removed from any safeguarding of the organism as regards germ-life; he believes that they are rather a point of vulnerability, both in essence and in fact.

War is always alarming to the life insurance companies. It is gratifying, however, to notice that in the present struggle the companies appear to be quite liberal in their terms to those contemplating enlistment.

Dr. Robert Tilley, for many years identified with the practice of ophthalmology in this city and ophthalmologist to St. Luke's Hospital, was found dead in his bed June 1, death resulting from heart disease. Dr. Tilley was a most admirable practitioner of his specialty, an earnest scientific student and a man of marked personality and genial character.

Never allow rubber plaster to come in contact with a surface uncovered by normal skin. Since it cannot be sterilized by heat, it must be considered as being dirty.

Before operating always find out whether the patient has any malarial history. The discovery of this fact will save you many a bad scare when temperature rises suddenly after operation.

Dr. John B. Murphy, in the address on surgery, startled the American Medical Association with the announcement of the curability of very many cases of pulmonary tuberculosis, by the use of nitrogen gas introduced hypodermically into the pleural cavity. The lung is collapsed, placed at rest and the cavities heal. He reports cures in five advanced cases. Arrangements are being made for a further test of the proposition.

There is no natural reason why Havana should be a pesthouse any more than the capital cities of our own country, where modern sanitation has banished the scourge of yellow fever permanently, the only danger remaining being the undrained and otherwise neglected cities of Cuba. The end of this disgraceful condition is near at hand. It should have been accomplished by more humane means than war, but as a compensation it will be ample.

In a case, State of Utah vs. William Hartford, who was charged with practicing medicine without a license, Judge H. H. Rolapp decided for the State. The defendant insisted that inasmuch as he used no medicines, or surgical instruments or any other agencies except his naked hands, that he did not come within the prohibited class named in the statute. He did not claim to be a physician or surgeon, but an osteopath.—Kansas Medical Journal.

Rush Medical College, under its affiliation with the University of Chicago, will admit women to its classes. At its graduation exercises, owing to the establishment of the four years' course, a smaller class than usual graduated, about fifty in number. Through the retirement of Dr. E. L. Holmes, Dr. F. C. Hotz has been elected professor of ophthalmology and otology. It is understood that Dr. Frank Billings, for many years Secretary of the Chicago Medical College, and professor of internal medicine in that school, will be head professor of internal medicine in Rush.—Recorder.

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JOSEPH R. HAWLEY, M. D.

THE CHICAGO CLINIC

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ELEVENTH YEAR.

JULY, 1898.

A Practical Method for the Diagnosis of Chronic Heart Diseases.

A lecture delivered at the Chicago Clinical School by
DR. JOSEPH R. HAWLEY, Prof. of Practice of
Medicine and Physical Diagnosis.

Gentlemen:—It is necessary to follow a definite system in the diagnosis of diseases of the heart, more than in diseases of any of the other organs. The requisites of such a system are simplicity, completeness and brevity. The errors of omission and inaccuracy can only be avoided when the physician has thoroughly mastered the headlines of such a system and their practical interpretation. To prove the truthfulness of the above it is only necessary to remind ourselves of the fact that many of the heart diseases are very similar in their manifestations, subjectively as well as objectively, as well as being so often complicated one with another.

It is the purpose of this discussion to present such a system, to interpret its most difficult features, and also condensing in a short space the most practical points in the differential diagnosis of heart diseases. It is probably impossible to construct such a scheme so as to be theoretically complete, yet it can be made practically so.

I shall preface my system by naming some of the most common causes of error in the diagnosis of chronic heart diseases, viz.:

1. As above remarked, lack of systemic procedure. Have a system of your own, whether you borrow it or manufacture it.
2. Not knowing that primary lesions of the tricuspid and pulmonary valves are extremely rare and practically always congenital. A secondary insufficiency, evidencing the advance of a mitral or aortic (insufficiency) disease, is common, but even then rarely expressed by a murmur, and hence diagnosed by percussion alone.
3. Confusing functional with organic murmurs, and calling a "roughened" sound (commonly heard with the first sound over

aortic valve) a murmur.

4. Not realizing that a murmur heard over the precordia has a large significance, and that it denotes primary valve disease only in 60 per cent. of cases.
5. Insufficient knowledge of the local and constitutional results of cardiac lesions. The constitutional results of all cardiac lesions are practically but two, viz., cardiac fatigue and cardiac exhaustion. Cardiac fatigue manifests itself by an embarrassment of the balance between the arterial and venous circulation, i. e., the balance is not lost. Cardiac exhaustion means a loss of balance and hence general venous congestion, affecting more or less all organs, including stomach and bowels.

This last point brings out the subject of this lecture, and I shall discuss the system under two general heads, viz.: The constitutional symptoms of the cardiac diseases (excluding functional), and the local symptoms (including functional).

CONSTITUTIONAL SYMPTOMS.

1. Cardiac disease with perfect balance of the arterial and venous circulation. Compensation.

2. Cardiac disease with loss of balance of the arterio venous circulation. Exhaustion.

3. Cardiac disease with embarrassment of the balance of the arterio venous circulation. Fatigue.

I. Regarding cardiac compensation in chronic heart diseases it is only necessary to state that all chronic lesions of the heart may exist without affecting the general circulation, and hence without general symptoms. This is most common in the valvular lesions, especially aortic stenosis and in simple cardiac hypertrophy.

II. Cardiac exhaustion is best studied next, because, when its effect and those of cardiac compensation are known, the results of fatigue are easily remembered.

The general results of exhaustion are those of venous congestion, producing the following symptoms in the following organs:

1. Lungs.—At first bronchitis, hæmoptisis, pleuritic effusion. Later often "brown induration" and œdema.

2. Liver.—At first enlarged, size varying from time to time and usually tender to touch. Later contraction with mild icterus, the "nutmeg liver."

3. Kidneys.—An early and easily detected result. At first enlarged, with diminished urine, higher specific gravity, albumin, casts and some blood. Later, contraction, with increased urine and lower specific gravity.

4. Gastro-Intestinal.—Stomach, indigestion, "catarrhal" symptoms, and later often dilatation. Bowels, constipation or alternating diarrhœa. In this connection remember the very common symptom of ascites. Catarrhal jaundice is not infrequent.

5. Skin.—Cyanosis. Anasarca at first below eyes, later in dependent parts. Poor peripheral circulation.

6. Miscellaneous.—Insomnia, dyspnœa, loss of flesh and strength, cough frequently with bloody expectoration, and increased by exertion. Embolism and "clubbed fingers" are often found. Pulse soft, weak and usually rapid.

III. Cardiac fatigue is now easily discovered. It is the first unfavorable result of heart disease. Embarrassed arterio venous circulation produces an increased amount of blood in the veins, slowing the current, but not destroying the balance. This is repeated again to impress you with its importance. The symptoms are: Pinched face, pallor, dusky lips and ears, enlarged capillaries of face, finger tips beginning to be "clubbed," the circulation under nails shows engorgement, palpitation, dyspnœa, transitory cough without a bloody expectorate and the pulse softer, with increased rate.

Remember that all cardiac lesions produce these three classes of symptoms and that by them your treatment is largely regulated. By knowing these points your diagnosis and prognosis, as well as treatment, are greatly simplified.

LOCAL SYMPTOMS.

First, make a preliminary examination by inspection, palpation and percussion.

Second, make a thorough examination by auscultation.

Then in answering the following questions you will make a complete diagnosis:

1. Is there no murmur or abnormality in the strength, rate or rhythm of the heart beats?

2. Is there no murmur, but an abnormal change in the strength, rate or rhythm of the heart beats?

3. Is there a murmur, with or without an abnormal change in the strength, rate or rhythm of the heart beats?

Before entering into the details of this system let me first explain the purpose of its arrangement.

The preliminary examination is made to save time. Most of the hearts we examine, and of course we examine every patient's heart who confronts us, whether he has heart symptoms or not, have no heart disease. Then if the answer to the first question, after auscultation, be negative and our preliminary examination revealed nothing, we exclude heart disease. On the other hand, if the conditions indicated in second or third questions were found, we would, if necessary, review inspection, palpation and percussion. You might ask, Why do we not finish our inspection, etc., at first, so as not to return to it? In answer let me ask you if, after finding an auscultatory phenomena, you do not always review your other findings at once? Thus the preliminary examination saves time, and its review, when necessary, insures accuracy. I take the findings by auscultation as a basis, because under them alone can all the heart diseases be classified and a useful system arranged, as will be seen when each point is explained.

1. The rapid or preliminary examination by inspection, palpation and percussion.

In describing these methods I shall only state the essential and practical points. Each of these examinations should be conducted while the patient is standing. If, after auscultation, a review is necessary, they should all be conducted in both standing and prone positions.

Inspection.—The position and area of the apex beat is the chief value of inspection. Is the apex beat visible? If not, before giving it pathological significance, examine thickness of chest wall and also whether or not leaning toward the left reveals it, and then if not found you look for a degenerated heart muscle or a pericardial effusion. If visible, what is its location? If increased size of left ventricle exists, the pulsation must reach nipple line and be below its normal location. If it is simply extended

beyond the nipple line in a direct line from its usual location, cardiac displacement undoubtedly exists. If area of pulsation is two to four inches wide it corroborates the existence of dilatation or hypertrophy. Very often in thin chests and in emaciation of acute diseases (especially pneumonia) the greater part of the heart's area can be seen by the pulsating borders. In children look for a bulging precordia with lateral illumination. This often occurs in mitral insufficiency and also in pericardial effusion. Mitral lesions are commonest in early life, aortic in later.

Palpation.—Practically but two functions: (1) It corroborates the findings by palpation, and (2) detects thrills or pericardial friction. It also reveals the expansile character of the pulsation of an aortic aneurism. An apex which cannot be seen can usually be felt if you have the patient lean to the left. In both inspection and palpation, if difficulty is encountered, do not fail to have patient actively exercise before concluding.

Percussion.—Always use light percussion. Deep is of no practical value except when an emphysematous lung overlaps the borders, and even then very difficult to elicit. Many skilled diagnosticians claim it is impossible to locate the heart's boundaries by deep percussion.

A stomach distended with gas is the most common source of confusion in percussing the heart, and hence it is often necessary to use the stomach tube, or examine in the morning before food has been taken. An emphysematous lung, especially common in patients over sixty, will also obscure the heart's borders, yet a diagnosis sufficiently accurate for your treatment and prognosis can be made by remembering its effect on the right ventricle, determining an accentuated second pulmonary sound and your findings by auscultation. Much rarer sources of error are: Hypertrophied adjacent organs, fluid accumulations and tumors. By remembering that they cause an extended area of dullness by dislocation and contact, or by contact alone, we have the key to differentiation. The dullness of pericardial effusion is detected by its triangular shape, base downward, and its extending below apex beat. In conclusion, do not forget that many physicians know very little of percussion, and that of the four methods of physical examination it is the most difficult

to execute properly, and unless it be perfectly performed it reveals very little in outlining a heart's border.

2. A thorough examination by auscultation. For the purpose of convenience this is made the basis of your diagnosis. However valuable the naked ear may seem to some diagnosticians in detecting diseases in other parts of the body, it cannot make an accurate and complete diagnosis of heart diseases unless they be very plain, and even then an obscure complication is sure to be overlooked. For example, how could one trace an aortic systolic murmur up to the neck without an instrument that will approximate itself to the irregular surface?

The style of the stethoscope or phonendoscope must be determined by the acuteness and idiosyncrasy of the examiner's ears.

That the phonendoscope has certain valuable functions cannot be denied, viz: (1) In the confirmation of obscure sounds; (2) when the examiner's hearing is impaired; (3) when a large number of people are to be examined in a short space of time, and especially when, as in certain civil service examinations, you are not allowed time to remove the shirt; (4) idiosyncrasies. If a physician uses it long enough to master its exaggeration of sounds he may find it of greater value in his hands than the stethoscope. I use it almost exclusively for heart and all other work, except in examining the lung. Here it confuses by allowing the heart's sounds to overcome the respiratory. Whatever style of instrument you select stick to it. Frequent changing of instruments impairs the special sense for fine discrimination, as, for example, in detecting a "roughened" sound from a murmur, or determining the degree of accentuation of second aortic sound. Position of patient should be standing, sitting, lying down and standing after running around the room two minutes, or doing the "double step." The double step is especially useful, being executed for a minute by having the patient alternately bring each knee to a horizontal position with the leg flexed. If the patient is very dyspnoëic rapid breathing will suffice. Listening after exercise is absolutely essential in all cases if the least doubt is attached to your findings with the other conditions. Often functional and not rarely organic murmurs are heard only after violent exercise. Also remember that the systolic murmur of mitral insufficiency is not unfre-

quently heard only when patient is lying down. Listen all over precordia, as the places usually named for hearing valve lesions are only relatively accurate, and murmurs over the aorta, functional and pericardial have no fixed place for detection. If a dilated appendix auriculæ overlaps the aorta a mitral insufficiency murmur may be heard in the second left interspace close to the sternum. Also early aortic and mitral murmurs are often heard midway between the second right interspace, near sternum, and the apex beat. A roughening of the first aortic sound is often mistaken for a murmur. Always compare the aortic sound over second right interspace, with the pulmonary sounds on the opposite side of the sternum. Regarding the patient's respirations, most can be learned at full expiration, the breath being held. Also listen during quiet breathing and at full inspiration. In listening over base it is absolutely necessary to have the breath held at full expiration. Always hold patient's pulse while concluding auscultation, to determine whether the heart beats are accurately communicated to the arteries. For example, it is a nearly positive sign of cardiac degeneration when arrhythmia can be heard over heart, but not felt in the pulse.

Having completed your auscultation, you are ready to answer the questions, whose answers include all the organic and functional chronic heart diseases.

1. Is there no murmur or abnormality in the strength, rate or rhythm of the heart beats? If not, and the previous examination was negative, as it practically always is under such circumstances, no organic or permanent functional disease exists.

2. Is there no murmur, but an abnormal change in the strength, rate or rhythm of the heart's sounds?

You would then look for the following:

1. Cardiac hypertrophy or dilatation from causes outside the heart, such as prolonged and unusual muscular exertion, or obstructive lung diseases. In cardiac hypertrophy it is possible to find a murmur, but it would be a functional one, and will be considered later. In dilatation, if a murmur should be found it (unless functional) comes from a valvular insufficiency, and should be classified under valvular diseases. In dilatation cardiac fatigue and exhaustion are early results.

2. Myocarditis usually attended by the following: (1) History of high living, gout,

syphilis, rheumatism, overwork; (2) cardiac fatigue or exhaustion; (3) weak and irregular heart sounds, with dilated ventricles; (4) arterial sclerosis; (5) pulse usually slow and irregular, large cord-like but weak impulse; (6) angina pectoris later, as well as heart apoplexy; (7) embolism.

3. Fatty infiltration in fat people, with a rapid, small pulse, distant heart sounds, often no apex beat to be felt or seen, first sound short, muffled, valvular, with dyspnoea and little endurance.

4. Fatty degeneration, having as its causes malnutrition (from local obstruction to circulation, dietetic errors, or constitutional diseases) or some toxic agent, such as fever, or ptomaines of typhoid, or anæmia or tobacco and alcoholic poisoning. The heart symptoms, both local and general, are very similar to myocarditis, being differentiated by the causes, absence usually of arterial sclerosis, the arcus senilis, pseudo-apoplectic attacks, with Cheyne-Stokes respiration. Pulse is usually rapid, but may be very slow. It is weak and soft. Cardiac fatigue and exhaustion occur when the disease is marked.

5. Cardiac neuroses. Tachycardia, may have a functional murmur, which will be discussed later.

In last stages of aortic and mitral insufficiency the murmur may disappear. This is unusual, but when present the diagnosis is not clouded, the other finding being so prominent.

III. Is there a murmur with or without abnormal changes in the strength, rate or rhythm of the heart sounds? The answer to this question is best discussed sequentially, taking valvular heart diseases as a basis.

1. To decide whether or not a murmur arises from a valvular disease we must first answer the following questions: Where heard, when heard and what is the direction of its transmission? Then next we must determine the condition of the heart's cavities. (The "pitch," "roughness," etc., of a murmur are of little practical value, and the three qualities above mentioned are amply sufficient for diagnosis. Thrills are only of corroborative value.)

As said before, tricuspid and pulmonary insufficiencies are practically always secondary to the other named valve lesions or to obstructive lung diseases. Stenosis of both valves are practically always congenital lesions seen only in early infancy. Mur-

LESION.	WHERE.	WHEN.	DIRECTION OF TRANSMISSION.	HEART CAVITIES DILATED OR HYPERTROPHIED.
Mitral Insufficiency...	Apex beat.....	Systolic	To left under axilla.....	L. V., L. A., R. V. and later R. A.
" Stenosis	1/2 inch inside apex beat.....	Presystolic..	In a circle 2 inches in diameter, the center being the apex beat.....	L. A., R. V., and later R. A.
Aortic Insufficiency.	2d right interspace next to Sternum...	Diastolic....	Obliquely toward apex.....	Enormous L. V., and later, if mitral orifice dilates, all cavities enlarge.
" Stenosis	ditto.....	Systolic	Upward to neck over carotid..	L. V. moderately.

murs are rarely found over these valves, even in secondary changes, so do not look for organic murmurs over the second left interspace except in the rare case of mitral insufficiency mentioned before. In this location functional murmurs systolic in time are most commonly heard, and hence the erratic diagnosis so often made of pulmonary stenosis. It is not the function of this discussion to describe the very rare heart lesions, and hence I shall only say that, understanding the valve lesions I have tabulated, you can easily detect tricuspid and pulmonary lesions, as the same general laws operate. For example, the murmur of tricuspid insufficiency (the most common of these two rare valve lesions) is heard either over the xyphoid cartilage or the fourth left sterno-costal articulation, is systolic in time, is transmitted toward the apex or down the right border of the sternum. The heart's cavities are only changed on the right side. A venous pulse is especially characteristic and best detected in jugular veins and in the liver.

The direction of the transmission of a murmur is of greatest importance in all diagnoses, especially when combined valve lesions exist and in eliminating the "associate" murmurs.

The presystolic murmur of mitral stenosis is the only pathognomonic murmur. Its detection is confusing unless you remember that it is heard simultaneously with the systolic sound, both murmur and first sound being heard. Its being heard only in a small circle two inches in diameter is also characteristic.

A common cause of error in the diagnosis of aortic incompetency occurs when one looks only for an enlarged left ventricle. As a matter of fact, if the disease be far advanced or the incompetency severe, a mitral incompetency ensues from the largely dilated ventricle, and hence all the cavities enlarge as a result of this second lesion. In such a case the primary lesion is detected by the enormous left ventricle, and the greater intensity of the aortic mur-

mur, the mitral murmur, when it occurs, being a so-called "associate murmur."

The diastolic murmur of aortic incompetency may not infrequently be heard, most plainly over the fourth left costal cartilage, but its transmission is always toward the apex.

Having compared the murmur you find with the table I have given you, and finding it agrees with one or more of the qualifications ("when," "where" and "direction of transmission"), for the lesion or lesions suspected, you then review your preliminary examination to find if the "condition of the heart cavities" coincides. This is the third step after hearing the murmur. I have not time to discuss the combined valvular lesions any more than to say that a thorough understanding of the single lesions, especially "direction of transmission" of murmurs, will make combined lesions fairly easy of detection.

If the murmur does not coincide to these necessary qualifications, you look for:

2. Organic changes outside of the heart, which will cause a murmur over the precordia.

(a) Sclerosis of aorta, aortic aneurism, tumors of mediastinum pressing on aorta and often causing a murmur, and friction sounds. I shall speak of only the first and the last condition.

General arterial sclerosis, by the recognition of which we are most helped in making a diagnosis of the local change, is best recognized by Edward's method. The patient in the erect position, his back toward the light, places the back of his hand on the posterior part of the iliac crest and rotates his upper arm slightly forward. This causes the brachial artery to be uncovered by the muscles and if sclerosis exists it will be seen pulsating in a tortuous line, and palpation will reveal its cord-like condition.

Three friction sounds may be heard over precordia and are differentiated as follows: (1) In pleural the murmur disappears when breath is held; (2) in pleuro-pericardial it disappears or diminishes when breath is

held, and a full expiration, breath held, causes it to disappear; (3) a pericardial is a to and fro sound, both systolic and diastolic, with variation and usually hard pressure with stethoscope causes it to increase in strength. It is best heard near the sternum in third and fourth interspaces. The cavities of the heart are not changed.

If the murmur is caused by none of the above conditions we conclude the diagnosis by looking for those harmless sounds, viz.:

3. The functional murmurs. Drummond's division is very practical and I will give it, with some additions. There are three kinds of function murmurs, viz., cardio-hæmic, cardio-muscular and cardio-respiratory.

(a) Cardio-hæmic.—This is usually called "anæmic," but as anæmia is not always present, it is an improper term.

What blood changes cause the murmur in the absence of anæmia are not known. Its characteristics are: (1) its location usually at the second or third left interspaces, near the sternum, where organic murmurs rarely occur, and next in frequency over the apex; (2) its time is always systolic; (3) its character is soft and low, loudest when lying down, after exercise, or at the end of expiration or beginning of inspiration; (4) its direction of transmission is never away from the heart; (5) they are temporary; (6) the cavities of the heart are never changed singly, i. e., all may be dilated or hypertrophied from other causes, but single ones never change. This last point is the crucial test for all functional murmurs, and yet you must know their other qualities for corroboration.

(b) Cardio-muscular is characterized by: (1) Its location at the fourth left interspace, close to the sternum; (2) systolic in time; (3) rough in character, louder than hæmic, and loudest when standing or at the end of expiration, disappearing at the end of full inspiration, and usually when patient lies on his side; (4) its transmission is toward the xyphoid cartilage, but never away from the heart; (5) the heart's cavities are, as in hæmic murmurs, not singly affected; however, a general hypertrophy can usually be demonstrated.

(c) Cardio-respiratory murmurs are common and supposed to be due to unusual lung and heart contact. They are plainly heard only at or toward the end of full expiration, over the apex or above the left

They are always systolic and dis-
breath is held, and hence another

reason for having breath held during auscultation. Strange as it may seem, many a poor fellow has been treated for years with digitalis, rest, etc., for one of these harmless functional murmurs. They are especially a source of confusion when general dilatation or hypertrophy is present.

If you forget all this lecture but the characteristics of functional murmurs you will be amply repaid for your time. To condemn a patient to everlasting care and therapy because he has a functional murmur is a crime pure and simple, and yet it is commonly committed.

In conclusion let me repeat the following points:

1. If a heart's muscle is diseased sufficiently to produce constitutional symptoms they will always be those of cardiac fatigue or exhaustion, exhaustion meaning a loss of the balance between the arterial and venous circulation, fatigue meaning an embarrassment of same. The knowledge of these facts makes it very easy to remember all the constitutional effects of each heart lesion.

2. From the nature of these results your treatment is largely regulated. If the disease is compensated the indications are to maintain the condition by keeping the heart muscle as well nourished as possible and to relieve it of all work which might produce fatigue. When the heart is fatigued or exhausted the indications are alike in each case, differing in degree, not in kind, always aiming to restore compensation.

3. In your local examination first make a preliminary examination by inspection, palpation and percussion, and even if you detect no abnormality do not depend on it as final unless auscultory findings in adventitious sounds, rate, rhythm and accentuation are negative. If they are positive review your preliminary examination again, according to the indications.

4. After your auscultation there are three questions to be answered and remembering the questions and their possible answers, which I have given, you have a practical index of all chronic organic and functional diseases of the heart.

Finally let me urge you to remember that however much you may know of the theory of the physical examination of the heart, your knowledge will be absolutely useless unless you learn to percuss properly and train your ears to differentiate sounds.



Nux Vomica in Infantile Entero-Colitis.

By CHAS. B. HORRELL, M. D., Colchester, Ill.

Within the past few years phenomenal advancement has been made in the domain of medicine and surgery; particularly is this true in medicine, and not more marked in any connection than in the department of pediatrics. To-day it is not an unusual practice to give nux vomica or strichnia to an infant in properly indicated cases.

In the report of the following case, however, I feel that I can justly claim some priority in the use of nux tincture, as to that time I had not read or known of its use in the dose administered to a child of the age reported, nor do I find any record antedating this case in the literature at my command.

In August, 1891, I was called to visit Arthur D., aet. 11 months, whom I was advised was dangerously ill with "summer complaint," and had been given up by the then attending physician as a hopeless case, the day before I was called.

I found the patient a mere skeleton, be-

ing in the sixth week of pertussis and the second week of severe entero-colitis. Subjective symptoms—pinched and wrinkled face and general marasmus; dark circles around the eyes; chin dropped; general cyanosis imminent; finger-nails and fingers blue to first joint; involuntary regurgitation of any and everything taken into the stomach; free discharge from the bowels, even attending the attacks of retching. An examination showed rales over all the bronchial tree; pulse very weak, almost imperceptible; flat abdomen; surface of body cold and clammy; the discharge from the bowels was very fetid and offensive, streaked with blood and mucus. In fact every indication pointed to rap'd dissolution and near approach of collapse.

Mentally, before having completed my examination, I fully agreed with the prognosis of my predecessor in the case, but I reserved from the mother my prognosis, even after I had finished my examination. This I deem highly advisable and most important in such cases, as it is very necessary to keep the mother in the best possible condition to feed the babe when it still

relies upon the breast for nourishment, as was the case on this occasion.

I was convinced that the case called for heroic treatment. Accordingly I first gave a purgative dose of calomel, to unload the bowel of any debris, as well as for its effect upon the toxins undoubtedly in the canal. This was followed every three hours with one-tenth grain doses of the mild chloride, with large doses of sugar of milk, and a medium allowance of carbolligni, all in one powder, given on shaved ice.

Every three hours, alternating with the above powder, I gave tincture of *nux vomica* minims 1, also on shaved ice. The dose of *nux*, in the light of literature to that date, would have been considered nothing if not heroic.

I forced myself to encourage the mother in the hope of the recovery of the babe, at the same time insisting that she must implicitly follow my instruction with regard to herself, impressing her with the vital importance she must herself be in the rescue of the little one. I directed that she be relieved of all household work, and do nothing toward caring for the child, excepting only that she should nurse it regularly every three hours, day and night. I required her to go to bed early, securing much-needed rest, and chose for her a good wholesome diet. I gave her as a stomachic and nerve stimulant a teaspoonful of acid phosphate after each meal and at bed hour. I ordered her to be wakened every three hours during the night and allow the babe to nurse a little if it was retained. These directions were given late in the afternoon. The mother being a strong, healthy country woman, and when put to rest with an understanding of her importance in the case, was, in my opinion, the only avenue of hope for nutrition to the child. I further directed that the patient should be sponged occasionally with tepid brandy.

With this line of treatment being rigidly insisted upon as the only basis of hope, I departed; not, however, without informing the father of the extreme gravity of the case, even to admitting that I should not be surprised if the patient did not live six hours, and requesting that he should absolutely keep this from the mother, unless the end should be inevitable, for I felt that the mother must have the most possible quiet and rest under the circumstances. The

father understood that should I not hear from him the following day I would know that death had intervened.

I admit a very agreeable surprise the following afternoon on seeing the father enter my office wearing a six by nine smile, indubitable proof that I had been mistaken in my prognosis.

Interrogative as to the babe's condition elicited the pleasing intelligence that after the action of the purgative dose of calomel the vomiting had ceased; the discharges from the bowels became at once changed favorably in appearance and much less offensive in odor; retained the nurse well and was stronger; its hebetude had disappeared to a great extent, and it seemed to notice its surroundings with babe intelligence.

On the principle that it is good philosophy, good business and usually good practice to "let well enough alone," I ordered the same treatment continued until my call the following day, at which time I found still further improvement. With but little change in treatment the patient made a rapid recovery to perfect health.

The appearance of the babe, at the time of my first visit, was such as to cause me to think that in "all reasonableness" it should have died. As it did not I was inclined to give credit to the treatment employed as responsible for the results obtained in the case.

A recapitulation is therefore admissible and, to my mind, shows:

1. That in similar cases an important factor in the successful treatment is thorough cleansing of the alimentary tract of all irritant and toxic elements possible, and for this purpose no better remedy can be used than the purgative dose of the mild chloride, in connection with the flushing of the lower bowel with sterilized water.

2. Follow this with minute doses of the same drug, for its stimulating and antiseptic properties, and also as well an abundant allowance of sugar of milk, for the double purpose of nutrition and palatability; combine with this also charcoal, than which no better absorbent, antacid and antiseptic exists for such cases.

3. The sheet anchor in the case we must consider the tincture of *nux vomica*, and when employed, either as tincture or in the form of strychnia, must be given heroically, to avoid collapse and for its tonic effect. It is an indisputable fact that *nux*, strych-

nia and arsenious preparations may be exhibited in children with remarkable toleration, and usually, very pleasing results.

4. When the babe is nursing the paramount duties of the mother in the case are most important and must be intelligently prescribed in detail, if not fully appreciated by her. She must be impressed with the fact that with the physician she shares greatly in responsibility to the infant. For it is admitted by all that "nature's fountain," in the reasonably healthy mother, is the best possible nectar for her offspring, and no artificial food yet devised can approximate this nutrition to the little sufferer. Gould has beautifully and truthfully said:

"The mellowed marble's sweetness of her breast
He drinks, till with completeness
He sinks to rest."

All other things being equal, it is as useless for mortal man to attempt to compete with or improve upon the Almighty's plans.

I am not presuming to offer a specific in the treatment of infantile enterocolitis, but only attempting to show briefly the line of treatment that in the case in hand, and in similar cases bordering on collapse, has proven signally satisfactory to me, and to emphasize the importance of the use of nuxvomica in large doses.

No one, however, can expect to be successful in the treatment of these patients unless able to individualize his cases, and then "govern himself accordingly."

Report of a Clinical Lecture at Chicago Clinical School.

By D. A. K. STEELE, M. D., Attending Surgeon West Side Hospital, Wesley Hospital and Chicago Hospital.

Gentlemen:—Case I. This patient, Mrs. B—, was sent to the West Side Hospital by Dr. Hill of this city. She was referred to me for diagnosis and operation, if, in my opinion, an operation was indicated. Her history is an interesting one. She is sixty-three years of age, married forty-five years, has borne four children—one daughter operated on for ovarian tumor one year ago. About five years ago her health began to fail. She began to lose flesh and strength, and noticed that the abdomen began to enlarge, slowly and gradually at first, and for the past two months very rapidly. Two years ago, when she first

noticed the enlargement, it seemed to be most on the left side. At this time she was living in Greencastle, Indiana, and called in a physician, who diagnosed "dropsy" and continued to treat her until about two months ago, without any diminution in the size of the abdomen, when another local physician was called in and diagnosed the case as an ovarian cyst and advised that she come to Chicago to see a surgeon regarding an operation.

She came to this city and was examined by me in Dr. Hill's office, when the diagnosis of ovarian cyst was confirmed and an immediate operation advised. She entered the hospital yesterday and received the usual preparatory treatment. She is now anesthetized, and we will again examine her before doing the operation.

You first observe the enormous size of the abdomen; that it is protuberant in all directions; that it is absolutely dull on percussion; that postural change does not affect the line of dullness. The tumor is distinctly fluctuant; the vagina is long and narrow; the uterus is drawn upward by the traction of the large tumor; the cul de sac of Douglass is empty. You notice here on the left side, just above the umbilicus, a depression or sulci that marks the line of division between two compartments of the tumor. The cyst consists of at least two separate sacs, probably containing fluid of different color and density. The tumor fills the whole abdomen, crowding the liver, spleen and diaphragm upward and causing occasional dyspnoea. We now make an incision in the median line, midway between the umbilicus and pubes, through the entire thickness of the abdominal wall, until we reach the pearly, bluish cyst wall. We make this first or diagnostic incision short, not more than two inches in length, until we establish the correctness of the diagnosis, and then enlarge it with scissors, upward to a sufficient length to enable me to deal with the tumor easily. Care has to be exercised in making this primary incision not to cut too boldly, or you may incise the cyst wall. Care has also to be used in order to recognize the peritoneum, which sometimes is closely adherent to the cyst wall and almost indistinguishable from it. If in doubt as to whether I am upon the peritoneum or cyst wall, I extend the incision slightly upward and pick up the peritoneum between catch

forceps and incise it carefully, when the thick, dark cyst wall appears beneath it. We seldom find adhesions of the peritoneum over the upper part of the tumor, and hence by this maneuver can avoid those that are lower down. You now notice the blue, pearly appearance of the ovarian cyst wall. I now enlarge the incision sufficiently to enable me to introduce my hand and break up some fragile adhesions. I now introduce this Well's trocar at the upper angle of the wound, in the upper portion of the first compartment of the tumor, which you see contains dark, coffee-colored fluid, thick and syrupy in consistence, and also some old blood clots, which account for the color of the fluid. There has been an old hæmorrhage into the cyst, which perhaps also accounts for its rapid increase in size. Having now emptied this first cyst, I turn the point of the trocar through the septum into the second cyst, which you see contains this pale, amber-colored fluid, wholly unlike the other. Having emptied the cyst of its contents, we now draw the sac out through the wound. On the left side you notice where the adhesions were present; you also see sulci marking the division of the tumor, and you observe that it has a very broad, thin pedicle, and that it springs from the left ovary. I clamp the pedicle with forceps and cut it off and then secure the pedicle stump firmly with a Staffordshire



knot of braided silk, and close the peritoneum over the end of the stump with a suture of fine catgut. We now make the

toilet of the peritoneum by sponging out all fluid and clots with sterilized gauze sponges and tie all bleeding points with fine catgut, and close up the wound with interrupted figure-of-eight silk worm gut sutures, using no drainage. The other ovary is small and atrophic, normal in appearance. We now dust the wound with boric acid and place a rather voluminous gauze fluff dressing over it and bandage tightly. We next place a pint of normal salt solution in the rectum to take the place of some of the blood removed, and give her 1-20 gr. strychnia hypodermically, and must repeat this dose every four hours for the first twenty-four hours. We now send the patient to her room in excellent condition and will weigh the cyst and contents—thirty-three pounds—which is a large tumor nowadays, when operations are made as soon as the diagnosis of ovarian cyst is certain.

The patient made an uneventful recovery, sitting up on the fourteenth day and leaving the hospital on the twenty-first day.

The sac, after its removal, was washed out and then inflated with air, so as to show its size and contour, in order that it might be photographed and also preserved as a dried specimen.

Case II: This woman, Mrs. M—, is twenty-six years of age; married two years; always in excellent health; has one child, born seven months ago. Soon after the birth of this child, in December, she noticed that her abdomen began to enlarge again, and she consulted her family doctor, who told her she had an ovarian tumor. She consulted several other local physicians in Iowa, who agreed with the diagnosis, and she came to the West Side Hospital for operation.

The first thing that attracts my attention is her appearance of excellent health. She does not look like a sick woman. She is plump, robust and red cheeked. She has not menstruated since the birth of her child and states that she has had no sexual intercourse since. She denies the possibility of pregnancy. The abdomen is tense and prominent and tender under examination. There is a uniform central enlargement that fluctuates and is about the size of a seven months' pregnancy. It seems a little more prominent on the right side. There is no foetal heart or placental souffle heard. Vaginal examination reveals a long

vagina, a soft, open os, but she is so sensitive that a satisfactory examination cannot be made. Two of my colleagues have examined her and believe that she has an ovarian tumor. I have felt that she was pregnant and have procrastinated. I will now examine her under an anæsthetic and be guided by the result of the examination whether to operate or not. I still cannot agree to the diagnosis of ovarian tumor. She is now fully anæsthetized, and the first thing I notice is a rounded, hard body, like a foetal head, at the lower part of the abdomen. The "tumor" resembles in every way of seven months' pregnancy. Vaginal examination under anæsthesia readily confirms the diagnosis of pregnancy. The os uteri is soft, relaxed and easily admits two fingers. The foetal head is distinctly recognized. No tumor can be distinguished. The woman is pregnant and the operation will be indefinitely postponed. A miscarriage will probably occur in a few days, as the condition of the uterus indicates a premature labor. This case illustrates the necessity of very thorough examination under an anæsthetic of any case where there is the slightest question regarding the character or cause of an abdominal enlargement, and illustrates, also, how little importance can sometimes be attached to a patient's statements about the possibility of pregnancy.

This patient was delivered of a perfectly formed still-born female child, about in the seventh month of development, some three days after the examination was made. She promptly convalesced and returned to her home. No evidence of a bifid uterus was discovered.

A Plea for "The Milder Treatment" in Diseases of the Pelvic Organs.*

By LEE KAHN, A. M., M. D., Leadville Colorado.

Since the advent of operative gynecology, or, more properly speaking, since gynecologists began to think it absolutely necessary to be operators, though many of their operations are done for name only or to be the first to have reported the results obtained in one hundred or one thousand operations of a particular character, the uses of tampons, douches and supposi-

tories by the patient, or remedial agents directly applied by the physician in local treatment, have been placed in the background and, to a very great extent, neglected.

It is a fact beyond question that a great many of the ills falling to the lot of woman-kind can best be remedied by operative procedure, but this certainly does not apply to the large number of cases of mild inflammation of ovaries, tubes and uteri seen by the gynecologist every year, and, I am sorry to say, operated upon.

Why should a mild endometritis or endocervicitis be curetted when all the instruments of the present day are superior to those of years ago, and none will gain-say the results then obtained? When we know so much more of the etiology and pathology of these conditions, and when local applications do so much with so little danger of deleterious after effects. Such well-known men as Mundé, Etheridge, J. D. Emmet, Dudley, and others of our foremost gynecologists and abdominal operators, state, with every assurance and positiveness, that not infrequently very serious results follow the use of the curette, and then mention particularly that hyperinvolution is the most frequent. This being the case, should we not all feel the responsibility of undertaking the curettement of the uterus in the milder cases which affect it?

The same statement holds good regarding the adnexa. Should a serous inflammation of the tubes be operated, when leaving them undefiled is far less dangerous to life, and also less troublesome to the patient than the adhesions which so often follow the use of the knife in their removal. A small cyst of the ovary is very often an unknown quantity, so far as the health of the patient is concerned, until some surgeon, whose desire to operate has predominated his better sense, discovers it to be the cause of all forms of disease. Because the uterus is the most tolerant organ of the body is no excuse for the abuse of rough handling, severe irritants and corrosives being applied to its mucous membrane, or its being scraped and cut in every direction.

It is a well-known fact that to the inexperienced uterine instruments, and particularly curettes and knives, are as dangerous as trephines, and though death does not immediately ensue, the lives of a large

* Read before the Lake County Med. Association, June 30, 1898.

number of our women are made almost unendurable through the present desire of the gynecologists to operate every case of pelvic disease which comes before them.

We as physicians and operators are ourselves to blame for the feelings of the laity against being examined for any of the milder uterine diseases, with the possibility of having to take treatments for a longer or shorter period. We hear it so often, "If Dr. So-and-So examines me he will insist upon an operation;" another, "If I thought I could be treated and be improved I would go, but doctors are all so rough in their examinations."

How much more would we enjoy the confidence and good-will of our patients if they felt we were milder in our treatment, and not so anxious to operate. If they could feel that we always had their best interests at heart, as the country doctors of old, who were at the christening as well as the burial, whose every heart beat was for some of his patients, and to whom he was as much a friend as a physician.

The use of medicated tampons and suppositories in conjunction with local applications has proven very successful in my hands, and I feel sure that I have permanently relieved many of the minor ills of the vagina and uterine tracts, particularly in inflammatory conditions, by this treatment alone. Medicated douches at the proper time, and in the dorsal position, have also been a source of comfort and a great benefit to many of my patients.

In conclusion I would ask you to bear these in mind when such conditions come under your observation, and try the milder treatment first, for I feel confident that in a great majority of cases, if you do so, you will not find it necessary to resort to harsher measures.

Hydrotherapy as the Best Means of Reform.

By JOHN HUND, Chippewa Falls, Wis.

The progress in medicine in our day is indeed great. Wonderful results and almost miraculous and magical achievements are daily recorded. They come to us not single-handed, not like "a kindly light to lead" us through the night and darkness, but they come to us in swarms, like firebugs; they come like lightning flashes, with thundering noise and clatter-

ing voice. Here, there, all over the horizon you see them, or hear of their coming. Read a medical journal or even a daily paper, attend a medical meeting, and you will have the impression forced upon you that the missing link between the mortal descendants of Æsculapius and the inhabitants of the Olympus has been verily found.

In the various and very numerous temples dedicated to "St." Æsculapius, you can hardly find anything lower in rank than a semi-god. No wonder, then, that Dame Nature is considered trivial, and anything that has not the divine Olympic twang is pronounced to be ordinary and contemptible. I opine that among the readers of the Clinic there are yet some who have not ascended so high as to miss—or non-understand—a free word plainly spoken.

"Where there is light there is shade." May this old proverb tend to mitigate the apparently pessimistic strain of my pen. There is no doubt that there is shade in our case. But let us present our case, in another form, and draw a different picture. From a paper printed in the March number of the Clinic I quote: "We see the three factors of the effect of water clearly demonstrated among many animals, namely, the cleansing of wounds, the cooling of the overheated body, or parts thereof, and finally the rewarming with cold water of the freezing or frozen body."

In speaking of our profession as a body we can readily see, as clear as the illustrious Clay saw, on the body politic many bleeding wounds, detect overheated parts and freezing and frozen members. Lacking time and space, let us only hint or point transitorily to some of the principal ills and offer a remedy, a means of reform, for the existing disorder.

The primary lesion, the deepest wound on our body medicine, is greed. "Money is the root of all evil." The same cause which has made such a startling change in the father of modern surgery, as to make the Sir Joseph Lister in London appear a different man from the Dr. Joseph Lister in Edinburgh, has made the changes in all his sons, pupils, admirers and imitators. In operations we can foresee, only too often, the pecuniary practicability and not the vital necessity, and professional advisability considered as the basis of our legalized actions, and moral responsibility over-

powered and drowned in our god or semi-god illusion. What better remedy could there be devised than a pure, strong stream of water at about 40 degrees F. upon the overheated operator. Lister is great, but Nature is greater. Let us go back to her and learn a lesson from the animals. Let us consult the natural physicians (Naturärzte) from time immemorial up to Kneipp and Winternitze.

I call the readers' attention to Priesnitz's case, for instance, referred to in the Clinic of March, page 55. What would the treatment of to-day be in his case? Very likely the Estlander's operation, with the result of a crippled or feeble or dead body, as the case or the skill employed may be.

The next ill is the wholesale prescription writing, by trusts, and the willing copying by the swarm of our demi-gods. Here, too, a little water would act salutary upon the mind and brain of the doctor, as well as his innocent victims. But enough of these obnoxious manifestations of the deceased body. Let us speak a little of the etiology of these ills. The primary cause is the spiritual atmosphere in which our medical products are nursed and raised. If the maxim, "*non multa sed multum*," was ever in place it should be here. Our medical students to-day learn many more things than formerly, but do they learn much of the one great and most important science of understanding nature's cause and effect and the *modus operandi* of her laws?

Send a boy to a dramatic play of a deep and serious character and the only evidence of his intelligence you will get from his imitating the fighting, cutting and shooting he has seen. Our students are overwhelmed by incomprehensible impressions, loaded with indigestible material, and when they are let loose and come out from the dramatic arena, and stirring amphitheater, the cutting and slashing are the only impressions their wearied minds can retain and try to retain. Indeed, the new impressions, in the form of operations, manipulations and machinations, in the form of new drugs, compounds and remedies, are becoming so multiple, that the practitioner who wants to keep in line with modern medicine should spend 11 months in college and practice one month in the year. But let the artificial try its best to

ignore or oppose nature, it will never overcome or annihilate it. Let man fly high up to the supernatural or sink low down to the unnatural, the balance wheel called reason will sooner or later bring him back to the solid level, to nature's fertile soil, where art and science alone can grow and thrive and bring forth wholesome fruit.

In this blessed realm, in this productive field, no tablets, no toxins or antitoxins, pitch or tar are used, but water is the most important and essential element. Will we return and retreat while we have an honorable and graceful way offered us, or will we wait until we are overcome and branded salves, while the horrid inscription, "*negrotium sordidum*," is placed upon our tents?

If we direct our eyes from *Æsculapius'* temples to the reeling ground of professional competition, we notice a large number of combatants to whom the word "slave" would be a more fitting distinction than any other.

Have I overdrawn? Then tell me of a profession or even a trade whose representatives are more subject to the various whims or follies of society than the medical profession. Politics and religion are factors in getting and holding a practice. To escape from this unworthy position let us take refuge in nature. Let a stream of water, a heavy, soaking rain, come down upon us to wash away all the artificial, superficial, supernatural and subnatural bungling work heaped upon our fair land, so that the sun of true science again shines upon a clean hemisphere, bringing forth sound, mature and wholesome plants and fruits.

Surgeons entering the army as volunteers are entitled to the following salary: A surgeon ranking as lieutenant will get \$1,600 a year; a surgeon ranking as captain will draw a salary of \$2,000 a year, and a major, which is the highest rank, will draw a salary of \$2,500 a year. If mounted they will be granted, free of charge, the feed and stabling of their horses, of which they must not have more than two. They do not get their rations, but are supposed to provide for themselves, which is, however, not very expensive, as they will be given their food supplies at about wholesale prices.—Kansas City Med. Record.

ABSTRACT.**The Compensation of the Medical Practitioner.**

It goes without saying that the members of the medical profession are the hardest worked and the poorest paid of any of the professions. Again, the fees charged, or rather collected, by the general practitioner are so ridiculously small, in comparison with the fees charged by the surgeon and specialist, that the old adage, "the men that do the most and hardest work are the ones that get the smallest pay," is proven not to be the exception. The above being true, is it any wonder that so many in the profession are striving to become surgeons, or that such a great number of young men branch or rather blossom out as specialists soon after graduation, even before entering into general practice, or at most after one or two years of such work, and limited work at that?

That this class of specialists are as a general rule incompetent and unreliable becomes an axiom, and they are so classed by the general practitioner, who is always chary about calling them in consultation, or referring his cases to them for treatment, when he has the best interests of his patients at heart.

The medical man, as he starts out in business, with his lack of confidence perhaps in himself, and with his early teachings before him that there is something more noble and grand in the practice of medicine than the mere paltry sum he may receive in compensation for his services, charges a nominal fee of so much a visit, no matter what the severity or gravity of the case. He soon finds that he has a large and growing clientage and imagines that he is "doing" the old physicians in his community and is fast growing rich.

He follows this up, year after year, keeping three or four horses, working night and day, through storms and sunshine, Christmas and Fourth of July, until middle life, if his health does not give out before, when he begins to realize that he belongs to that great class of general practitioners who have been designated as "fool doctors."

During all these years of hard work the physician has been conscious of the fact that in many instances he has not been doing the best work he was capable of, from

the mere lack of time to devote to each individual case. While his clientage may seem to have been satisfied with the results of his practice, in his innermost self he is far from being content.

For this condition of things the medical man has no one to blame but himself. Had he done less work, in the natural order of things, he could have done better work, and had he charged larger fees and collected them, his bank account would have been in a more satisfactory condition.

As stated before, the large fees charged by the surgeon are out of all proportion to the fees obtained by the medical man. This should not be so, and, what is more, it need not be. Do not understand us to say that the surgeon should work for less pay; for from it, but the doctor who is called in charge of a case (say of appendicitis), who has the requisite skill and knowledge to make an absolute diagnosis, and to recognize the necessity for making an operation, and is honest and magnanimous enough to call in the surgeon, should stand upon his dignity; the physician and surgeon standing shoulder to shoulder in the case, each sharing equally in the credit that may follow the operation and successful termination of the case, and, what is more, a charge should be made that should in all cases be equally divided between the physician and surgeon.

Again, the present custom of charging so much a visit is absurd and savors too much of the livery man, who charges so much a mile for his team and driver. The surgeon charges so much for his operation, and added to this charge is so much for visits and subsequent attention. The physician called to a severe case of pneumonia, or some contagious or infectious disease, should charge, not only for his visits and attention, but should also make a full but reasonable charge for the risk he takes in attending the case, and also for the knowledge and skill he possesses and exhibits in bringing the case to a successful termination.

When the medical man will rise and stand upon his dignity, and demand his just dues, he will get them, and not before. When that time arrives we shall see a less number of the profession rushing into surgery and the specialties, and the surgeon and specialist will not be the only men who "ride in the band wagon."—Dr. Briggs in *Atlantic Med. Weekly*.

Medical Advertising.

Another indication of the general lowering of professional standing is the condition of the advertising pages of many medical journals of to-day. Time was when no secret remedy could secure insertion of an advertisement in any medical journal presumed to be "half way decent;" indeed, it would have been folly to place it there, even if the editor and publisher would permit it—there was none so low as to prescribe it, and the money paid would have been wasted. What of to-day? A dozen journals of America are carrying the ad. of "Candy Cascarets"—a patent medicine pure and simple—with no pretense of a publication of even a supposed "formula;" still more are running the advertisement of "Ripans Tabules"—a patent medicine under the control of Geo. P. Rowell & Co., the advertising agents of New York City—and not a doctor in America knows their composition; "Antibrule," a new St. Louis remedy of unknown composition, is equally conspicuous upon the signboards along the streets, on the street-car placards and in the pages of medical journals edited by highly ethical members of the American Medical Association, and now comes the "old standard household remedy, Ayer's Cherry Pectoral," and applies for admission to the advertising pages of some forty of the prominent journals of America! It will undoubtedly secure space in a large number.

The humiliating part of the thing is not that these ads. are accepted by needy editors and publishers—hunger has affected the conscience of many a man even before "medical ethics" were thought of—but that medical men are becoming so careless of their professional honor, so unmindful of their own good, so insensible of the great downward plunge they are taking when they prescribe such things. That they do and will prescribe them goes without saying—the proprietors of these goods are too sagacious to put money into advertising lines that do not pay. They have "sized up" the medical profession, in the language of the bunco-steerer, and have concluded that "the sucker must be caught." No one can deny this assertion that the average medical journal of to-day is a brilliant illustration of the deterioration of the medical profession.—Emory Lanphear in Amer. Jour. of Surg and Gynæcol.

Pregnancy Following Ventrofixation with Improvements in Technique.

(Author's abstract.) A Laphorn Smith, M. D. The author's conclusions were based upon about 2,500 cases by 41 operators, including 111 cases of his own, reported in reply to a circular letter of inquiry.

1st. That as far as curing retrodisplacements is concerned, whether retroflexion, retroversion, anteversion with retroversion, and also prolapse of the uterus, ventrofixation with two buried silk stitches passing through peritoneum and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

2d. Ventrofixation should be reserved for cases in which abdominal section is necessary for other reasons, such as detaching of adhesions and the removal of the diseased tubes which caused the adhesions. When it is expected that pregnancy may follow, some other operation should be chosen, because

3d. Although pregnancy only followed 148 cases out of about 2,500, still in 30 per cent. of these, or 36, there was pain, miscarriage or difficult labor requiring obstetrical operations.

4th. When suspensio uteri was performed, that is, the uterus attached to the peritoneum, only a few relapses occurred, but, on the other hand, the patients were free from pain during pregnancy and the labors were less tedious; neither did they require resort to serious obstetrical operations. The uterus should therefore be suspended rather than fixed to the abdominal wall in all cases in which any part of the ovary is allowed to remain.

5th. A third method, it is claimed by some—namely, the intra-abdominal shortening of the round ligaments—is preferable to either ventrofixation or suspensio uteri. This may be done either by drawing a loop of the round ligament into the loop which ties off the ovary and tube, or, in cases in which the latter are not removed, simply to detach them from adhesions and shorten the round ligament by drawing up a loop of it and stitching it to itself for a space of about two inches. By this means the round ligament develops as pregnancy advances, and the dragging and pain and other more serious accidents which are present in 30 per cent. of the cases of ventrofixation are certainly avoided.

6th. If the uterus is attached to the abdominal wall, the stitches should be kept on the anterior surface, but near the top of the fundus; the complications were more frequent when there was too much anteversion than was the case when the anterior surface of the fundus was attached to the abdominal wall.

7th. As large a surface as possible should be made to adhere, by scarifying both the anterior surface of the fundus and the corresponding surface of the abdominal peritoneum, in which case one buried silk suture will be sufficient to keep the uterus in good position.

8th. Several of my correspondents mentioned incidentally that they knew of many cases of pregnancy after Alexander's operation and that in no case was the pregnancy or labor unfavorably influenced by it. Alexander's operation should therefore be preferred, whenever the uterus and appendages are free from adhesions.

9th. The results of Alexander's operation are so good that even when there are adhesions it might be well to adopt the procedure of freeing the adhesions by a very small median incision and then shortening the round ligaments by Alexander's method, after which the abdomen should be closed. This could be done without adding more than one-half of one per cent. to the mortality, which in Alexander's operation is nil.—Maryland Med. J.

Don'ts for the Treatment of Pneumonia.

Don't believe that acute pneumonia is a self-limited disease and will get along as well without treatment as with it.

Don't hug the delusion that fever in any degree is a benefit to the patient.

Don't fancy that you can always tell croupous from catarrhal pneumonia.

Don't allow pain in the abdomen to draw your attention away from the chest. Frequently the beginning of pneumonia is accompanied by severe pain in the right groin, which may lead one to suspect the onset of typhoid fever.

Don't direct your treatment more toward the heart than toward the lungs.

Don't fail to recognize the great influence of the brain and nervous system.

Don't lose sight of the serious indication of rapid and laborious breathing.

Don't be afraid of applying ice to the

chest in rubber bags. It will do no harm.

Don't fail to apply as many bags as are necessary to cover the area of inflammation.

Don't think you can get as good results from a tub-bath, or from cold general spongings, as you can from the local application of ice.

Don't become alarmed when the ice produces a sudden drop in the temperature and think the patient is going into collapse.

Don't fail to retain the ice so long as fever is present, and resolution has not taken place.

Don't omit to apply one or two ice-bags to the head.

Don't overlook the beneficial influence of strychnin in combating pneumonia. Administer one-twentieth of a grain by the mouth every three or four hours, and besides give the same dose hypodermically once or twice a day, until the system becomes irritable.

Don't omit the hypodermic injection of one-fourth of a grain of morphine once or twice a day to secure rest and sleep.

Don't fail to administer oxygen by inhalation more or less constantly if the patient is cyanotic or short of breath.

Don't fail to bleed if cyanosis and dyspnea are not relieved by oxygen inhalation.

Don't lose sight of the great value of tincture of capsicum in relieving great nervous depression, delirium, dry black-coated tongue, picking at the bedclothes, etc. Give it from a half to one teaspoonful doses in water every two or three hours, or oftener, in alcoholic pneumonia.

Don't fail to give sodium salicylate, ammonium acetate, potassium acetate, and potassium citrate, three grains of each, in a dessertspoonful of peppermint water every three or four hours, if there is the least evidence of a rheumatic complication.

Don't overlook the important action of quinine in this disease.

Don't fail to support the patient with an abundance of nourishing food, such as milk, freshly expressed beef juice, etc.—Dr. Thomas J. Mays in Phil. Polyclinic.

The Differentiation of Cardiac Incompetency of Intrinsic Heart-Disease and Chronic Nephritis.

Dr. Frank Billings, of Chicago, reported the case to the American Medical Association of a man aged 50, with a negative history, except for worry and dietetic errors,

who developed dyspnea, weakness, edema of the feet. No abnormality of the heart could be detected except weakness; the pulse was soft; the urine contained a little albumin and a few hyaline casts, and a lessened amount of urea. The man grew better, but he overworked himself and again grew worse. He now became waterlogged and the urine contained much albumin and many casts. The fundus oculi remained normal. The appearance was that of nephritis. Thrombosis of the external jugular, axillary and brachial veins developed. Under treatment for nephritis the man became entirely well and the urine remained absolutely normal for a year and a half. Then, the former symptoms returned, a heart murmur developed and the heart became enlarged. The second sound was accentuated and the urine contained a few casts. Death resulted amid symptoms of dilatation of the heart. Post-mortem examination disclosed atheroma and narrowing of the coronary arteries, and fibrosis of the myocardium with segmentation of its fibers. The kidneys showed a diffuse slight inflammation, but there was no valvular heart lesion, although the heart was the cause of the symptoms and the fatal result. Difficulty of diagnosis arises especially in the presence of parenchymatous nephritis, as this may be attended with urinary, cardiac, gastro-intestinal and nervous symptoms, in the same way as intrinsic heart disease. When the urine is of low specific gravity, containing much albumin; the pulse of high tension, with or without arteriosclerosis; if effusions contain urea and little albumin; if there is a tendency to serious inflammation, morning nausea, headache, cerebral hemorrhage, nervous instability, sudden epigastric pain, with a puffy look, anemia, changes in the eye-grounds or Cheyne-Stokes breathing, the case is one of kidney disease. If there is an antecedent history pointing to heart disease, irregular heart, heart murmurs, a soft pulse, little or no anemia, a large liver, cyanosis on exertion, scanty urine with a high specific gravity, much lateritious deposit and few casts, chiefly hyaline, a tendency to thrombosis, and with no eye-changes and no other changes mentioned under nephritis, the case is cardiac.—Phil. Med. Jour.

Are Nervous and Mental Diseases Cured by Pelvic Operations?

Dr. F. X. Dercum, of Philadelphia, pointed out that the most important neuroses encountered by the gynecologist are neurasthenia and hysteria. Neurasthenia is marked by chronic fatigue; hence he terms it the "fatigue-neurosis." There are nervous irritability and nervous weakness or tire. Hyperesthesia is often marked in these cases, as over the coccyx, the iliac spines and in the eye. The resistance to fatigue is diminished; hence symptoms of tire become marked, as headache and nervous irritability. A woman with some pelvic condition, as laceration of the cervix or the perineum, or displaced uterus, may not complain until neurasthenia develops, when she commences to suffer from the symptoms of the pelvic complaint. Hysteria is often said to be a disease without a syndrome, but this is untrue. It has as marked a syndrome as any disease known. Its symptoms are sensory, motor and psychic. In hysteria anesthesia may be present. This sensory loss never occurs in neurasthenia. Hemianesthesia of the left side is a common symptom of hysteria, and it may also be limited to areas, as the foot, the hand, or a segment of the body. The anesthesia is not referred to any nerve-area, or to any area governed by a spinal center. Hyperesthesia is occasionally found in hysteria, and usually under the breast or above the groin, where it is grossly miscalled ovarian tenderness. This also is more common on the left side. Areas of hyperesthesia may become areas of hyperalgesia, e. g., the clonus hystericus. So-called ovarian tenderness may be found in men, and also in women without ovaries. This is in reality an inguinal pain or groin pain. It is always associated with other well-marked hysteric stigmata. It is superficial, in the skin of the groin, and not deep in the body, as true ovarian pain would be. Pressure between two fingers, one on the spot and the other in the vagina, will differentiate this pain from ovarian pain. The psychic symptoms of hysteria are important to the gynecologist. The patient, is, as a rule, exceedingly impressionable. She is open to suggestion, especially as regards her pelvic condition. Hysteria is a psychoneurosis, because of the prominence of these psychic manifestations. Neurasthenia may exist

without pelvic disease. If both coexist they have no relation with each other. If pelvic disease exists with neurasthenia the pelvic symptoms become more marked because of increased irritability. Hysteria may exist without pelvic disease. The possibility was denied of nervous and mental disease arising from pelvic operations. The pelvic condition should be operated on for the local condition only and not to relieve the nervous condition. In cases of profound hysteria operation should never be undertaken unless the surgical condition is very urgent. The hysteria should first be cured in order to prevent the disastrous effects of the operation upon the nervous condition. The insanities are not due to local organic disease, but to disease of the neurons as a result of various derangements of tissue-metabolism. Pelvic operations will not cure insanity.—Phil. Med. Journal.

Yellow Fever "Immunes."

Dr. J. C. Le Hardy, health officer at Savannah, Ga., who has practiced through seven epidemics of yellow fever, is of the opinion that there is no such person as a "yellow fever immune;" that any person, although he has had yellow fever, is still liable to contract the disease if exposed to it. Said Dr. Le Hardy on the subject: "The general belief is that you cannot have yellow fever twice. This is an error, due to the want of actual knowledge of the disease. Some persons never have it, but I have treated others four times during one epidemic (three times with black vomit). I have treated others three times, and many twice. Again, I have treated in 1854 persons who had the disease in 1820 and 1830. In 1848 I attended numbers who suffered again in 1854. In 1876, the last time we had the fever in Savannah, I had patients who had been victims of three previous epidemics."

The Duties of the Physician in Summer.

There is no time in all the year when the physician must exercise his duty to the public to a greater extent than during the hot months of summer. It is now indeed that the health of the community rests upon his shoulders. While in our large cities we have physicians paid to attend to health matters, yet in the smaller towns and in the country districts where no such super-

vision exists, it is only by the intelligent advice and oftentimes urgent warning of the local doctor that matters of sanitation receive the attention they deserve. The diet of the young children, the disposition of garbage, the careful inspection of the water supply, and proper removal of all excreta, are matters concerning which many of the laymen are always at fault. Whenever conditions are found which threaten the health of a community, it is always proper for the resident physician to take notice thereof, and privately and publicly, in his intercourse with his patients, in his business association with other men, and through the columns of the local press, it is always in order for him to wage such a campaign of education as shall tend to the reduction of these abuses. Let us not neglect these hot weather duties.—K. C. Med. Index.

Mental Disturbances in Turbinate Hypertrophies, or Nasal Stenosis.

Dr. Woodward (in the "Atlanta Med. and Surg. Jour.") takes up again the matter of nasal reflexes, and gives us a vigorous discussion of the subject. He says: "Although I have never seen a case of maniacal fury nor ferocious insanity result from this state, yet I believe its further study will open up avenues of investigation that may solve to a great extent many of the quixotic, as well as seemingly malicious, deeds of our fellowman.

"For I know of no single ailment that will so soon and so radically change a patient's spirits and disposition from peace to unrest, from restlessness to irritability, and from irritability to suicidal and murderous tendencies. And, too, this condition leads many patients to magnify and brood over other troubles that might otherwise be forgot. This I have seen in three of my lady patients. It is well known that similar symptoms in the same person at different times mean different things as there is an alarming variability in human beings as to their ability to place and appreciate physical abnormalities. Thus day by day it dawns upon us that there are endless chains of symptoms manifesting themselves, undercurrents as it were, whose meaning is lost in the agonies of real pain or smothered in the charity of ignorance and idiopathies.

"The nose feels keenly the influences of

the advances of civilization—change of modes of living, change of climate, and disturbance of the equilibrium of oxygen and moisture in the air by sweeping away our forests and shades and substituting arid fields and hot streets. Nasal disturbances are more common and their influence upon other portions of the system more manifest. Man is a complex being, and is not composed of any isolated special organs. Every part is in relation somehow and at some time with every other part, making the animate being an anatomical unit wherein the totality is but the centripetal and centrifugal influence of a motorial and sensorial automaton.

"Understand the two nervous systems, and you have the key to the citadel; for outside of the solar-plexus and the uterine reflexes, there is no field more fertile in reflexes than the nose and its accessories.

"It is well known that the cavernous sinuses of the turbinates, undergoing either fibrous or mucoid changes, destroying or distending the sinuses, do not stop at the turbinates, but extend to the bone cells, affording a good field for absorption of toxic materials, or starting a neuro-vascular disturbance in neighboring tissue. High arterial tension in the brain will cause insomnia, and this high tension is generally compensated for by absorption of cerebro-spinal fluid. Cannot this pressure be kept up and the absorption prevented by metabolic disturbances?"

• "The Doctor."

By C. E. L.

Oh, why not be a doctor, and for the public work;
Be vigilant and faithful, your duty never shirk?
There's lots of good that you can do among the
common trash,
Who will always keep you busy if you do not
mention—cash.

Don't be avaricious and wish that you were rich,
But labor for the people, who are wallowing in
the ditch;
Sleep with one eye open, on dark and stormy
nights,
For Johnny has the croup, and Jennie has no
appetite.

What if you do go hungry, you're but a public
dog;
You should wait upon all comers, in sunshine,
rain, or fog.
Remember your profession is a very sacred thing;
Your duty is to cure men, not ask them for the
"in."

In cases of contagion, be never wanting there.
But hurry to the battle, though you yourself
despair;
Don't run away from danger, but be always
strictly "in it,"
And do your level best, though you lose your life
next minute.

Should you by chance live many years, and follow
my advice,
What multitudes of people will say that you were
nice;
And when your labor's ended, resting in that
narrow lot,
How many poor will bless you, and sigh for good
old Doc.

—Medical Age.

Modern Medicine.

The most characteristic feature of the medicine of modern times is the disposition to rely less upon drugs and more upon regimen. Recognizing the fact that disease is almost universally, either directly or indirectly, the result of infractions of the laws of health through incorrect habits of life, the modern physician seeks to find the root of the malady with which he has to deal in the study of dietetic and other habits of his patient and to lay a foundation for recovery in the removal of the influences to which the malady owes its origin.—Modern Medicine.

Medical Meetings.

In general it would appear that the medical meeting is an institution which shows a marked tendency to increase. No sooner do we learn with a sense of inward gratification that this or that society has disbanded forever, than we hear that two others have sprung up in its place, representing, perhaps, opposing factions, which thereafter go on their own ways, each no doubt better because of its new rivalry. In this way medical societies, like medical journals, are forever multiplying, regardless of their real value to medical progress. Coincident with this actual increase is a growing tendency on the part of the members of such societies to bewail their multiplication.—Boston Med. and Surg. Jour.

Dr. Frank Billings has accepted the position of Professor of Medicine and Clinical Medicine in the Rush Medical College of Chicago, the affiliated Medical College of Chicago University.

The Chicago Clinic.

(FORMERLY THE OMAHA CLINIC).

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MEDICAL LITERATI.

Boston, or any other city in the country, can no longer claim a corner on brains and erudition. There can be no literary center in the United States. No more will a single city be able to claim as practically contemporary a Holmes, Emerson, Longfellow, Hawthorne and Lowell. Education has become so general that we look for our contributions to both scientific and literary periodicals to be from the West and South quite as much as from the aforetime erudite East.

So, too, has this same attribute of literary attainment broken the bounds of the purely literary professions, and demonstrated a democracy in its character, little dreamed of half a century ago. Then the pulpit, the rostrum or the professor's chair were the only presumably pure and perpetual fountains of wisdom, or, at least, literary worth. It is consequently a matter of congratulation that the other professions, and many other avocations, are now quite as popular

contributors to the nation's literary storehouse.

In our own profession there is certainly not less than from the bar, the soldier, the editor, the artisan or the agriculturist.

The names of course occurring to us as physicians will be few or numerous, as our tastes and inclinations have been inclined: but we will all recall Drs. O. W. Holmes, Conan Doyle, George M. Gould, Weir Mitchell, Willis King and our Lydston. It is reported also that Daniels, that brother from Texas, editor of the "Texas Medical Journal," who is an entire tea-party in himself, has in preparation a work along the line of "Recollections of a Rebel Surgeon." Doubtless it will be good, as his name thus far stands for that much.

But our object was to speak rather of what we already have. In previous editorials we have spoken of Lydston and Conan Doyle, and we will refer at this time particularly to the work of Dr. George M. Gould, of Philadelphia.

His work along professional lines is too well known to need even a reference, but it leads some of us to wonder at the capacity of the man, when we consider that he is editor of the Philadelphia Medical Journal, a large weekly publication; is editor of the American Year Book of Medicine and Surgery; is the author of *Anomalies and Curiosities of Medicine*, of an illustrated *Dictionary of Medicine*, and a *Student's Medical Dictionary*, of *Borderland Studies*, of *The Meaning and Method of Life*, and of a book of poems, entitled *An Autumn Singer*. He furthermore has a large ophthalmic practice and a college professorship. Such an amount of work must of necessity require not only more than

ordinary capacity and ability, but a systematic application of every mental force and every moment of time.

Reverting to our subject more directly, Dr. Gould in "Borderland Studies" has given us a 380 page volume of twenty-four essays on various subjects, all, however, more or less germane to medicine. Hence this volume can scarcely be termed a purely literary one, though many of the essays clearly merit the distinction. A few of the subjects are Vivisection, Medical Language, Hospitalism, Quackery, Muscular Development, Character, The Lay Press in Medicine, Specialism and Immortality.

In "The Meaning and Method of Life," the author has practically deserted the field of medicine and entered the fields of science and religion, the sub-title being, "A Search for Religion in Biology." It would be unjust to the author and discreditable to the writer to attempt a satisfactory review of this excellent and most interesting volume in the brief space at command. There are fifteen chapters, perhaps the most important of which are those entitled Partial Truths, Sensation, Reproduction, Evil, Personality, Beauty and Sleep.

But if aught else were necessary to demonstrate the versatility of this author-editor-teacher-practitioner-literateur-poet, we would find that in his charming little volume of poems, "An Autumn Singer."

Just why he yclept it thus he has not told us. True enough, the name is both poetic and musical, but it has a shade of somberness about it not in keeping with the contents of the book. Perhaps it was taken from the lines of the opening sonnet:

"And then when summer's work was done
And Love no longer needed you,

A deathlike silence fell, till one,
Aggrieving, wondered what to do
With life, when all its good had left."

In another sonnet entitled "Her Laugh," the baby's croon and laugh are fairly set to music in the words:

"I'm sure God's favorite angels laugh just so.
Or, when she goes to heaven, she'll teach
them to!"

In "The Soul's Masque" quite a different view of life is seen, as:

'The soul is like the man of visored steel,
Whose face by strange, mysterious decree
He dare reveal to none, none live and see.
The body is the masque whose folds conceal
More absolute than iron's locked anvil
Soul prisoner hid within; more merciless,
Fate makes us mysteries to ourselves—in cell
Of flesh unknown of all, by self unknown."

In another, to "The Men of Mars," there is seen a trace of idealism which is enchanting:

"Ah, if what you know, we but surely knew!
Have you found God? Are you just, pure and
true?
What is your reading of life's riddle, what your
pain?"

"Age" is the title given to a few lines which almost encompass the span of life, so comprehensive the thought. The closing lines are given:

"'Tis Death that waits us when desire runs low;
Then sad we smile at youth's delusions sweet,
And weary, long eternal sleep to know;—
'Tis Death, whom once we feared, and shrank
to meet,
Whom now we trust, and reach forth hand to
greet;
He loving draws the hand; we rise to go."

One of the longest poems is "The Ocean." This from both poetic and scientific views is beautiful and demonstrates a rich poetic fancy.

Frequently indeed, however, through the volume does the professional knowledge of

the poet break through and show itself just with sufficient indistinctness in the lines, as in "The Open Secret:"

"Conceal not your evil, my brother;
'Tis writ in your face,
Each glance shows its trace,
Each word speaks disgrace;
You cannot deceive the All-wise,
Who fixes in flesh,
In bone and brain-mesn,
Fate's seal and stamp, fresh
On thought, wish, or will, as they rise."

One of the sweetest versifications we have ever read on that popular title, "Baby," is among the number, but inasmuch as we observe one of our original contributors this month has appropriated one of the stanzas we will desist, and in closing refer to the rather lengthy poem "At Sunset." After a beautiful, poetic word-picture of an autumn sunset is painted the poet introduces us to a dying man looking out upon the scene. By his bedside, holding his hand, is his daughter, just merging into womanhood. He counsels, comforts and cheers her until exhausted he sinks to rest, exclaiming:

"Good-night, dear world, beneath life's infinite wing
I softly creep,
Till earth to heaven moon, an ending bring
Of death's sweet sleep."

C.

CUBAN SANITATION.

It would seem, from a generalization of newspaper reports, that Cuban sanitation is decidedly a negative quantity. There are certain propositions which the experience of the past year or two, both in and out of Cuba, would seem to conclusively demonstrate. Among these theorems we might place these statements:

1. The Cubans have little idea of effi-

cient sanitation, and still less inclination to apply what slight knowledge they have.

2. It has been demonstrated that the yellow fever amoeba or germ or bacillus or toxine, or whatever it be, may be practically controlled by sufficiently vigorous sanitary precaution.

3. Cuban sanitation has been Spain's most effective ally in the present war.

4. Altitude is not a certain preventive and sufficiently precautionary measure.

That the Cuban has been found both dirty and lazy beyond American anticipation is generally admitted. One would have naturally been led to the presumption that their unaided struggle for liberty would have imbued them with some higher ideas of national good and general sanitary necessities. Yet never having seen the actual results of that sort of life, how could we expect much better of him? Indeed, if we but recall the apparently necessary element which we find in the back alley of any city, town or village in this country of advanced civilization, we can by easy mental comparison find a very sufficient reason for the presence of yellow fever in Cuba. Indeed, an inspection of such a locality in your own town, wherever it may be, will almost certainly rather lead you to wonder why yellow and typhoid and enteric fevers have not each summer decimated the population.

If vigorous sanitary measures are the prime and most necessary element in the control of the present outbreak of yellow fever, then above all should the Cubans be the ones to do the manual part of the arrangement necessary for such sanitation. It has been reported that the Cuban insurgent is not inclined to labor any more than

enough to keep the gnawings of hunger away from his own ensiform, and that if sufficient rations be furnished he is quite willing that the "brave Yankee" should do the fighting. It is most unfortunate that our soldiers are not engaged in a cause that will be more appreciated by the recipient of a vicarious freedom, implying so much more than under ordinary circumstances of war for independence. But being in the quarrel for the Cuban, "we must teach his enemy to beware of him," meanwhile keeping a weather eye out for ourselves, lest he and his kind so infect us and our belongings that it will cost more than his whole island is worth to free ourselves from the mold and contamination and germ-laden atmosphere of a Cuban trench during the summer season.

Immunizing injections and serums are just now being proposed, and much experimenting being done, but it is very doubtful if any positive, reliable and practical results can be demonstrated before the present army is compelled to leave Cuban shores. There seems no question that such inoculation or immunizing agent will soon be discovered. With such investigators as Sanarelli, Doty, Guiteras and others in the field, with every advantage for practical experiment, such result is more than probable.

Quite contrary to general opinions on the matter, it seems that altitude of a moderate amount has but little or no effect on the yellow fever germ, and that hence all talk of removing the army to the mountains could only benefit them by the purer air and somewhat cooler nights, along with more natural sanitation, and not because such altitude as would be thus ob-

tained is inimical to the yellow fever germ.

Inasmuch as our army not only is compelled to defend conquered territory from the enemy, but is as well driven to the necessity of preventing the looting of the towns by the insurgents, any very extensive or radical measures in the way of sanitation for even the larger cities seems well nigh impossible. C.

Golf Suits or Swell Clothes

May be worn at pleasure by the Four Hundred or the Four Thousand, at any one of the nine hundred and ninety-nine delightful summer resorts along the lines of the Chicago, Milwaukee & St. Paul Railway in the cool regions of Wisconsin, Minnesota, Iowa and Michigan, not omitting the famous Excelsior Springs of Missouri.

Within three hours' ride of Chicago are some of the most beautiful lake and country resorts in Wisconsin. Oconomowoc, Waukesha and Delavan are among the list. A little farther away are Elkhart Lake and the Dells of the Wisconsin River, and beyond are Marquette—with its magnificent Hotel Superior—Minocqua, Star Lake, Lake Minnetonka, Lakes Okoboji, Spirit Lake and hundreds of other deliciously inviting and invigorating spots, where energy will be revived and life prolonged by a visit of a few days or a sojourn of a few weeks.

The season opens early in June and lasts until late in September.

Excursion tickets are sold every day during the summer months. Our summer guide-book, with list of hotels and boarding houses, will be sent free upon application to Geo. H. Heafford, General Passenger Agent, Old Colony Building, Chicago, Ill.

Surgical interference is indicated in the majority of mammary tumors by free extirpation of the growth and dissection of the masses of glands in the axilla. Adenoma and sarcoma require only a free extirpation. Benign tumors of the breast should be removed, as they may undergo a malignant degeneration at a later period.—Annals of Gynec. and Ped.

OUR BOOK TABLE.

Diseases of the Larynx.

By Dr. L. Grünwald of Munich. Edited by Chas. P. Grayson, M. D., Lecturer on Laryngology and Rhinology, University of Pennsylvania. With 107 colored figures; on 44 plates and 25 text illustrations. Price, \$2.50 net.

The reviewer of this volume had begun a translation of Grünwald's work, largely for personal satisfaction, when the advance notice of this volume was received. Dr. Grayson and Mr. Goepp have made such an excellent text that one acquainted with the original cannot but admire and commend it. While the original may have been especially intended for students, the work, in its entirety, is most admirably adapted to the general practitioner, and even the best informed specialist cannot afford to be without it.

The colored plates are worthy especial notice. They are certainly not excelled, and doubtful if equaled, in any work extant, for exactness of detail, or perfection of image. Sufficient clinical symptoms are given so that, with this atlas and the ability to make a laryngological examination, there can be little question of a correct diagnosis in all the usual forms of laryngeal pathology met with. There is no one of the Atlas series thus far issued that we can recommend with greater confidence and satisfaction. Published by W. B. Saunders, Philadelphia.

Conservative Gynaecology and Electro-Therapeutics.

A practical treatise on the diseases of women and their treatment by electricity. Third edition, revised, rewritten and greatly enlarged. By G. Betton Massey, M. D., Physician to the Gynecic Department of Howard Hospital, Philadelphia. Illustrated with twelve full-page original chromo-lithographic plates in twelve colors, numerous full-page original half-tone plates of photographs taken from nature, and many other engravings in the text. Royal octavo, 400 pages, extra cloth, beveled edges, \$3.50 net. The F. A. Davis Co., publishers, 9 Lakeside building, Chicago, Ill.

This volume appears quite opportunely and will meet with the approval of that

very numerous class of physicians who are bending all the efforts to swing the pendulum away from that excessive surgery which has certainly characterized recent years. The author in this work has given an exhaustive discussion of the subject of electro-therapeutics in gynaecology; and, as if presuming that some might characterize his work as too conservative, he says: "Nearly all of the modern treatises on gynaecology have been written from a purely surgical standpoint," all of which is true. The author covers ground of great practical value to the average physician, and has done so in a plain, attractive and interesting style. The chapters on fibroids, catarrhal inflammations, menstrual derangements, neurology and gynaecology and that on malignancy are of especial value and interest.

Diseases of the Skin.

By J. F. Schamberg, M. D., associate in skin diseases, Philadelphia Polyclinic, Quiz Master in Dermatology, University of Pennsylvania. With 300 pages and 100 illustrations. Published by P. Blakiston's Son & Co., Philadelphia. Price, 80 cents net. Interleaved for notes. \$1.25.

This compend follows in the wake of the preceding fifteen volumes of the series already issued by this popular publishing house. As is well known, these volumes do not pretend to present the subject in its entirety, but rather as a ready reference book for the busy doctor, and a reliable guide for the student, particularly in acquiring that most necessary and yet most difficult faculty of making a correct differential diagnosis in skin diseases.

The classification of Duhring is followed and a most excellent parallel differentiation of all the important skin pathologies is presented.

Atlas of Legal Medicine.

By Dr. E. von Hoffmann of Vienna. Edited by Frederick Peterson, M. D., of New York. With 120 colored figures and 193 half-tone illustrations. Published by W. B. Saunders, Philadelphia. Price, cloth, \$3.50 net.

We see by the translator's preface a statement which, when first read, seems rather optimistic, but the pages which follow so completely fulfill the promise that we give

it. This volume is a veritable treasure-house of information, gained from the rich material of one of the greatest institutes of legal medicine in the world, collected by one who was perhaps its ablest living expert.

Such a volume, made up with such an abundance of excellent illustration, furnishes the physician in compact and condensed form such a fund of practical medico-legal knowledge and fact as would require years of search and investigation to obtain.

Especially noteworthy is the excellence and completeness of the illustrations. It is really remarkable that a volume containing so much expensive and original illustration could be offered the profession at so reasonable price.

Of especial value and interest may be mentioned the pages referring to the following subjects of medico-legal interest: Flood alterations in poisoning, the female genitalia, gunshot wounds, hæmorrhages, hanging, skull fractures, post-mortem injuries, pregnancy and the newly born.

Day-Dreams of a Doctor.

By C. Barlow, M. D. The Peter Paul Book Company, Buffalo, N. Y. 1898.

This book is nominally dedicated to the author's wife, to physicians everywhere, and to their wives and husbands; but the author admits that it is intended also for lay readers.

Dr. S. Weir Mitchell says, in his "Doctor and Patient:" "I still think there remains to be written the simple, honest, dutiful story of an intelligent, thoughtful, everyday doctor, such as will pleasantly and fitly open to laymen some true conception of the life he leads, its cares, its trials, its influences on himself and others, and its varied rewards." And this is the task which our author has undertaken to perform. As a result, we have a very readable book, full of interesting narratives well told, and a pleasant vein of romance.

The book covers 250 pages of good paper and is handsomely bound. The illustrations are, however, crude, and oddly out of keeping with the artistic make-up of the book.—O. Med. Jour.

The Kentucky State Medical Society, at its recent meeting, passed resolutions against contract practice.

ITEMS.

Dr. William Osler of Baltimore has recently been elected a fellow of the Royal Society of London.

Bellevue Hospital Medical College of New York has become the Medical Department of Cornell University.

Dr. W. F. Waugh, associate editor of the "Alkaloidal Clinic," was called to mourn the death of his wife May 7.

The "British Medical Journal" states that during the academic year of 1896-97 16 per cent. of the candidates for the doctor's degree in the medical faculty of Paris failed.

Spend Your Vacation in the Mountains.

But first write to the general passenger agent of the Colorado Midland Railroad, Denver, for maps, views and descriptive matter, so as to know where to go.

Yellow fever has been successfully stamped out by the Marine Hospital Service. All of the twenty-four cases have recovered, leaving the entire country without a known case of yellow fever.

Why do we not hear further from Klebs and his yellow fever amoeba? It is certainly an opportune as well as important subject, and one which is just now a matter of both professional and lay interest.

Dr. Sinclair, of Manchester, is responsible for this bon mot: "Modern medical students learn surgery, which but few practice; nearly all practice obstetrics, which few learn."—Ex.

The University of Göttingen has awarded the Otto Vahlbruch prize for the greatest advance in science during the past two years to Professor Roentgen of Würzburg. The prize is of the value of 9,200 marks (\$2,250).

Where is Sanarelli and his serum anti-amaryl, as he has named it? If it is really a prophylactic and immunizing agent, and a specific in the early stages, he should be down in Santiago shooting serum amaryl into our soldiers. For effectiveness it would beat the Mauser bullets ten to one.

"Paraldehyd" possesses many of the good without the evil qualities of chloral. Used in insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see page ii), which is an elegant preparation.

Dr. Frank S. Johnson was unanimously elected to fill the position of Dean of the Medical Department of the Northwestern University, Chicago Medical College, made vacant by the resignation of Dr. N. S. Davis. Dr. Davis continuously held the position of executive officer of the faculty since 1865.

Surgeons Wm. Cuthbertson and G. F. Lydston have both returned from the front and resumed practice. Assistant Surgeon-General Senn has recently been ordered from Chickamauga, where he was chief surgeon of the volunteer forces, to Santiago, where he is now acting in a similar capacity to the volunteer forces under Gen. Shafter.

As might be expected, war subjects are just now the popular topics of discussion, even in the medical journals. In a recent issue of one of our prominent Eastern exchanges there were five original articles on war surgery, bullets, shell wounds, field hospitals, etc. To which was added abstracts and editorials along the same line.

The danger of bringing yellow fever into the United States through the medium of vessels used during the transportation of troops to Cuba and their return is by no means a small one, but the Navy Department has agreed to make use of every precautionary measure for the prevention of such accident, and will thus coöperate with the Marine Hospital Service.

In prescribing the products of manufacturing pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the Robinsin-Pettet Company, Louisville, Ky. We do not hesitate to recommend the preparations advertised by them on page ii, this issue.

Secretary Alger has approved a recommendation of the surgeon-general of the army that physicians appointed by a gov-

ernor of a state to fill vacancies in regiments should be examined by a board of three physicians appointed by the governor and without expense to the United States. The certificate of this board, that the candidate had passed a successful physical and professional examination, will be accepted by the War Department as evidence of his fitness for the place.

The "Philadelphia Medical Journal" offers \$1,250 in prizes for the best monographs upon medicine, surgery, obstetrics, pathology or the specialties, the competition to close December 31. Those wishing further information should address the Philadelphia Publishing Company, 1410 Chestnut Street, Philadelphia.

Modern medical practice will keep the soldiers as hearty and well in Cuba as in any other section of the country that the exigencies of war might call them. Cuba is overrated in its ability to do harm, because the natives there are not given to exercising the least sensible care of their health, and even at that some authorities say the climate is excellent and the general health good in the islands.

When changing surgical wound dressings it is best to avoid, as far as possible, the handling of the soiled materials. Do as much as you can with the help of the dressing forceps, and keep your fingers unsoiled by pus or other discharges. This precaution is a wise one, not only for your own sake, but for the sake of the next patient who may require your services.—*Int. Jour. of Surg.*

The Atlanta Medical College and the Southern Medical College, both well-known and popular institutions of Atlanta, Ga., have amalgamated their interests under the name of the Atlanta College of Physicians and Surgeons. Dr. A. W. Calhoun was elected president of the new school, and Dr. Kendrick dean of the faculty, with a full corps of professors and lecturers in the various departments.

The Daughters of the American Revolution have supplied the government hospitals with 4,000 garments and are prepared to send many thousand more. Boxes of oranges and lemons and other supplies have been furnished weekly to Camp Alger

division hospitals by the organization. Besides this work there are many of their nurses in the Naval Hospital at Norfolk and the Leiter Hospital at Chickamauga.—Md. Med. Jour.

Dr. Hildreth, in a recent paper in the "Boston M. & S. Journal," described at length the Imperial Foundling Home of Moscow, which each year becomes a refuge for 17,000 abandoned infants. The capital stock of the institution is over \$100,000. There are 15,000 metal cradles and 45 with heating attachment for those prematurely born. A large percentage of the infants are undoubtedly illegitimate, but very often the mother will abandon the infant, and then apply for the position as wet nurse.

There are some curious things in this world, and one of them is that, in theory at least, the aim and objective point of the three learned professions is to do away with the necessity of their existence. The minister seeks to reform the world, to make it so righteous that there will be no further need of admonition and exhortation; the lawyer is constantly striving to make it "hot" for the criminal, to make crime so unpleasant and to popularize justice so thoroughly that the statute book and the jail will no longer be required; the physician recognizes the prevention of disease as the highest purpose of his calling. If he could succeed there would be little or nothing left for him to do, for prevention would ask little beyond individual knowledge.—Mass. Med. Jour.

Each surgeon's chest which has gone to the front contains a package of rubber operating gloves, which are now so much used. The surgeons who prefer those made of silk or lisle thread will presumably have to supply their own needs in this direction. Among the field supplies recently shipped to Tampa are 60,000 emergency kits, consisting of two compresses, one roller bandage, and one triangular bandage, done up in a waterproof package. They cost 13 cents each. It is expected that the triangular bandage in particular will be useful in caring for a wounded soldier on the field at a distance from the surgeon.—Recorder.

MODERN THERAPY.

Coca Erythroxyton.

We need not enter into a full description of the history of the Erythroxyton Coca, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however, recall to mind that the leaf is the only part of the plant used. Very much depends, therefore, upon the plucking of the leaf and the time at which it is plucked; the subsequent care of the leaf being matter of considerable importance, and affecting very materially the preparations made from it. M. Mariani was the first in Europe who took up the study of the plant, and over 35 years ago commenced manufacturing for the medical profession the various specialties associated with his name, viz., "Vin Mariani," "Elixir Mariani," "Pâte Mariani," "Thé Mariani," "Pastilles Mariani," etc., preparations which are known all over the world and which have acquired their well-known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has been tested by experienced travelers and botanists during several centuries, and it is this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palatable form by means of "Vin Mariani," this wine being indicated where there is great depression, long-continued exhaustion, and where a special stimulative action is desired. "Vin Mariani" is agreeable, palatable, imparting by its diffusibility an agreeable warmth over the whole body and exciting functional activity of the cerebro-spinal nerve centers. We have frequently prescribed this wine and we can, from practical experience, recommend it.—The Provincial Medical Journal, London, Eng.

IMPERIAL GRANUM.

Is a prepared food that makes friends wherever its merits become known. The writer has been familiar with it for years and takes pleasure in relating the following clinical test of its merits: "The patient, reduced by disease and from the effect of the anodynes necessarily given to alleviate her sufferings, developed malignant cholera-morbus, and for days lay in

an almost unconscious condition. As a last resort she was taken to a Boston hospital, where the physicians began administering Imperial Granum, prepared as directed for acute cases, in very small quantities. After several trials it was retained, and the strength and quantity were slowly increased. After four weeks' treatment, taking Imperial Granum only for nourishment, she was discharged from the hospital, and a few weeks later endured a severe surgical operation, from which she completely recovered, and to-day seems in perfect health.

THE SALICYLATES AND THE BEST MEANS OF ADMINISTERING THEM.

It would be a work of supererogation to undertake, at this late day, to prove the great and permanent value of the salicylates in the treatment of rheumatism in its various forms. For over twenty-five years salicylic acid and the salicylates have been recognized as standing at the very head of remedies in this class of diseases.

There are, however, very many and grave drawbacks to the use of either the acid or any of its salts alone in a treatment which may last, as in rheumatism, gout and neuralgia, for a long period of time. Being a powerful antiferment, and sharing this property with most of its salts, salicylic acid impairs digestion and soon sets up a dyspeptic condition, almost as intolerable as the pains which it is intended to overcome. Its after-taste can be covered and concealed in no manner yet discovered, so that very soon the patient takes it only with great difficulty.

In Tongaline the salicylates are so combined with corrigents that there is no reactionary rebellion against them by the organs of digestion and assimilation, while their efficacy is not affected in the least. The experience of thousands of physicians corroborates this statement and concurs in the fact that Tongaline affords the very best method of administering the salicylates.

HYPERAESTHESIA.

The hypnotic effect of Bromidia does not by any means represent the sole benefit to be derived from this preparation, but it meets, in a very perfect manner, many

other indications involving hyperæsthesia of nerve tips and over-excitability of spinal cord. In doses of one-half teaspoonful, given every four hours for two days, will so benumb the sensory nerve tips of the buccal cavity that dentists can take impressions of the mouth, fit in rubber dams, etc., that would otherwise be impossible on account of the gagging peculiar to some patients. In the hands of the medical practitioner, given in half-teaspoonful doses every four hours, will make life endurable for hay fever patients during the months of August and September. A teaspoonful will completely quiet the paroxysmal pain following childbirth or miscarriage without in any way interfering with uterine contractions.

THE PROMPT SOLUTION OF TABLETS.

We are glad to know that the Antikamnia people take the precaution to state that when a prompt effect is desired the Antikamnia tablets should be crushed. It so frequently happens that certain unfavorable influences in the stomach may prevent the prompt solution of tablets that this suggestion is well worth heeding. Antikamnia itself is tasteless, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. Proprietors of other tablets would have had better success if they had given more thought to this question of prompt solubility. Antikamnia and its combination in tablet form are great favorites of ours, not because of their convenience alone, but also because of their therapeutic effects.—The Journal of Practical Medicine.

SANMETTO IN INCONTINENCE OF URINE.

I used Sanmetto in a case of a lady forty years of age who could not retain her urine more than one hour for years. She had been under treatment before, without any remarkable result. I put her on teaspoonful doses of Sanmetto four times daily, and her improvement was very marked, and she is now practically cured. I desire to keep Sanmetto on hand, as there is nothing better to fill its place in such cases.

FRED. A. GOEDECKE, M. D.
Milwaukee, Wis.



F. KREISSL, M. D

THE CHICAGO CLINIC

VOL. XI—No. 8.

ELEVENTH YEAR.

AUGUST, 1898.

Bottini's Operation for Senile Enlargement of the Prostate.

By F. KREISSL Professor of Genito-Urinary Surgery and Venereal Diseases, Chicago Clinical School.

Last June I presented a gentleman to the Chicago Medical Society whom I had operated by Bottini's method for senile enlargement of the prostate in April, 1898, six weeks previous to his exhibition in the society. The transactions can be read in the July number of the "Medical Recorder." There were some objections raised concerning the possible danger of the operation, which were of a more theoretical and speculative nature than based upon facts, because I was, as my highly esteemed colleague, Dr. Bellfield, stated, the first surgeon west of New York who had performed the then, in this country, new operation. Having operated since in the same manner, on another patient, and, as I think, successfully, I believe it worth while giving preliminary notice of it, though the time for observation is perhaps too short to form a definite conclusion. Five weeks ago I was called upon to see Mr. K—, who was suffering from complete retention of urine for sixty hours; during the preceding two weeks he found micturition rather difficult, and more so every day, while the amount of urine voided was steadily decreasing, until suddenly complete retention set in.

Upon inquiring, the 54-year-old patient stated that he had a similar attack about eight years ago, the retention lasting for twenty-four hours; that since symptoms of frequent and unsatisfactory urination were noticeable, and grew worse from year to year. Upon examination by rectum I could not reach the upper end of the prostate, which by bimanual palpation was approximately the size of a big orange. A soft rubber catheter had to be passed twelve inches up the canal until the eye was in the viscus, from which I got out nearly four quarts of slightly turbid urine. However, the relief following it lasted but eight

hours, when catheterizing had to be resorted to, not a drop of urine having been passed in the meantime. For the same reason the patient was catheterized every six hours during the following eight days (the amount of urine drawn in twenty-four hours varied between eighty ounces and ninety ounces). Nevertheless, the obstruction and retention remained unchanged, and I therefore suggested Bottini's operation, to which the patient readily gave his consent. Twenty-four hours after the operation, performed on the 23d of July, he urinated one-half ounce voluntarily and kept on doing so in intervals of fifteen to twenty minutes. Five days afterward he had continence for two hours while in bed and for one hour while up. The amount of residual urine drawn twice a day in the first week and once a day in the second decreased accordingly. While before the operation from twenty-two to twenty-four ounces had been obtained every six hours, it diminished to seventeen, fifteen, ten, and at the end of the second week to four ounces. This in contradiction to the opinion of Eug. Fuller of New York, who thinks that the irritation to the prostate provoked by the catheterization is followed by frequent micturition and consequently a smaller amount of residual urine will be found. Accordingly, we should be prepared to find more of it when the irritation subsides, but this does not correspond with the facts. The patient was allowed to get up after five days and left the hospital nine days later. I catheterized him in my office every day in the third week and every other day in the fourth and fifth weeks, and irrigated his bladder for the purpose of removing the char, which keeps on separating from the incisions in the prostate for about six weeks. When I saw him to-day, five weeks after the operation, he had one-half ounce of residual urine, stating that he held his urine for three hours during the night and two hours in the daytime. Urination is free, painless and satisfactory.

If we look upon these results without being influenced by any theories concerning the pathogenesis of hypertrophy of the prostate we cannot deny that there must be some value in the operation devised by Bottini twenty-two years ago, and forgotten by the surgeons, until Freudenberg's modifications removed all the obstacles peculiar to the original instrument, rendering its application absolutely safe, simple and efficient. With the new Freudenberg-Bottini "galvanocaustic prostate incisor" every surgeon of dexterity and experience in handling instruments in the bladder will perform the operation under local anesthesia with a three per cent. cocaine or a twenty per cent. antipyrin solution within three to five minutes, an advantage which should be fully appreciated. In by far the majority of these cases we find sclerosis of the blood vessels and such changes in the tissues of kidney, heart, etc., peculiar to the advanced age to such a degree that general anesthesia is of greater danger than the operation.

The amount of heat used is regulated by an amperemeter and rheostat attached to the battery, consequently there is, if any, very little hemorrhage following the incision, the red heat of the incision tending rather to stop bleeding than to produce it. While it takes much persuasion to obtain a patient's consent to a prostatectomy, castration or other mutilating operations, he will readily consent to the, in his opinion, minor surgical interference with electricity. And he will come to the operation at an earlier date and consequently in a more favorable condition generally and locally, which alone unquestionably is of great value concerning a good and speedy recovery.

Concluding, permit me to say that, judging by the results published by Freudenberg in Berlin and those obtained by myself and others, the Bottini operation is past the state of an experiment, not more, rather less, dangerous than castration and not mutilating. It has, therefore, to be considered the mildest surgical act in hypertrophy of the prostate and should be tried first. There will always be time to castrate or do prostatectomy providing galvanocaustic incision has failed, while when the latter have done so and your patient should still be in the land of the living, he will

hardly approve of your belated suggestion of galvanocaustic incision.

1011 Schiller building, Chicago.

The Outer Gate, or The Examiner for Life Insurance.*

By DR. J. C. WRIGHT, Chicago.

In looking up the subject of gates I find there are many, and of varied kinds and descriptions. In fact, their names are legion, and too numerous to mention.

For example, we had a Gate in Chicago of the Genus Homo kind who had seven living wives at one time, and yet the feminine portion of the community of that village was not satisfied. In fact, it was hinted that this Gate was too fast. Others, however, claimed the opposite, that his gait was too loose, but finally on joint session of the two opposing parties in Madam Gossip's Court, it was unanimously decided that both were right, or, in other words, that the gait of this Gate was both fast and loose.

And so there are Gates and gaits galore, but the gate we purpose to consider, though operating during the past year in Chicago, is not of the "Gay Lothario" kind.

Continuing our study of the gate, we find it to be a means of ingress or egress through a fence, wall or inclosure. Sometimes the gate and wall are designed to keep people and other kind of animals from getting out of the inclosure, as exemplified by certain well-known state institutions; sometimes to prevent the unqualified from getting in, as all insurance people fully understand and appreciate.

Now the phrase Outer Gate implies the existence of other gates, or at least one other, the Inner Gate. The particular Outer Gate now under consideration is that presided over by no less a personage than the medical examiner of applicants for life insurance, and who in reality, though often unconscious of it himself, is a most potent factor in the success or failure of all life insurance associations, and to whom every insurance knee must bend, from the agent in the field to the president in his comfortable and often luxuriant sanctum sanctorium. In this obeisance I will not even

* Read by invitation before the Convention of Mutual Life Underwriters, at Mackinac Island.

exclude the medical director, although he is the keeper of the Inner Gate and a superior officer.

In my judgment the importance of the Outer Gate cannot well be overestimated. If it were possible to make it ideal in its operations, so that only absolutely good and safe material ever passed its portals "well recommended," then the Inner Gate and its keeper would not be necessary, and the Associations could therefore dispense with this service, and the money thus saved might be appropriated to increase the fee of the medical examiner, or added to the modest salary of the president.

Now at this point I will digress to say, let not the heart of the Inner Gatekeeper grow faint, nor be disturbed by visions of lost sinecure and positions and fat salaries, for such efficiency of service at the outer gate is ideal only, with but little prospects that the great distance now existing between such an ideal and the present condition being materially shortened.

All will admit, however, that the highest degree of practical efficiency in the medical examiner is desirable and of the utmost value to the Association for whom he examines. What then can be done in a practical way conducive of bringing about this great desideratum? Much in many ways, but chiefly emanating from a single source, the companies themselves. They are the parties most vitally interested, and as such must of course expect to do most of the work. I might also add that since the officers of the Associations form the greater part of my audience, I must of necessity direct the principal part of my talk to them. If I had a gathering of medical examiners before me, I should endeavor to cut my sermon to suit the occasion.

To begin with, the selection of the medical examiner should be effected with the utmost care, and if possible absolutely independent of agents' aid or influence. The examiner should be informed that such is the case. That he is the company's examiner and not the agents', and that as such he will be strongly supported and no influence or force of circumstances allowed to turn him down unless for good and sufficient cause.

I have known instances where good, stanch, reliable examiners have not been thus backed up and sustained by the com-

pany, and who were allowed to be dispossessed by influences instigated by certain parties who are specially interested in that "absolutely good risk" that the examiner failed to recommend. It is remarkable and passing strange how a physician who has up to a certain time given an agent no cause to complain about not finding him in his office, and ready at all reasonable hours to examine applicants, will all at once have such an increase in his practice as to make it almost next to impossible to ever find him when examinations are to be made, and owing to this fictitious fact it is desirable to have a change in examiners, or at least an associate appointed, and the very kindly offices of this interested party are volunteered in recommending Dr. Blank. Analyzing such a situation, you will generally find that this urgent need for a change in examiners follows on the heels of one or more rejections of those "absolutely good risks," and if the company has weakly allowed such a change you will also notice that Dr. Blank does all of the examining after this date, unless he, too, should be so unfortunate as to experience the same immense increase in practice, when history will repeat itself again.

It seems to me that this matter of selecting medical examiners is so important, and the demand for the best so imperative, that some measure should be inaugurated looking to a more reliable method of accomplishing this than now obtains.

Without disparaging in the least the present system of interchange of the black and white lists—for I believe both are subserving a good purpose, especially the whites—yet their operating is necessarily slow, and in the case of the blacks depending largely on the principle on which the child learns that fire will burn—therefore, as a suggestion only, I would throw out this idea: Let all the companies of this national association join in concerted action to employ a good, competent man to personally visit every county in every state and territory in which any of these companies are doing business, to select one or more medical examiners in chief for each county. These chief examiners to actually do all the work in their respective fields, as far as practicable, and to nominate to the companies from time to time such physicians as may be needed as associates.

Much might be said for and against a

plan of this kind, but as I only design to suggest, I will not at this time evolve from my inner consciousness the full details of such an arrangement. It might prove to be labor lost, and I am constitutionally opposed to such extravagance when I am the laborer.

Under the head of second in importance of measures making for good service in the keeper of the outer gate, I would place his remuneration, and at the risk of being judged somewhat antiquated, or of talking on a subject already grown threadbare—perhaps, under previous agitation and discussion before this Association—I cannot pass without emphasizing the importance of the examination fee being paid by the company direct from the home office, always, absolutely. In my opinion, this is one of the few rules that has no exception. It is human nature, and I believe a better part of human nature as well, to first be just and careful of the interests of the party for whom we work, and who pays us for our labor. I care not how absolutely honest and conscientious any examiner may be, the source of his recompense will have a tendency to in some degree influence and shape the character of his work, and I claim this is just and right.

I trust I may not be misunderstood at this point, and to avoid so disagreeable a possibility I will explain by further illustration.

Like many other matters and transactions, there is about the examination a written and an unwritten law. The written law is fulfilled by honestly and justly meeting all the requirements of the examination blank, no more, no less, while the unwritten law consists in numerous little things and points constantly occurring in the work of the examiner, and on which the blank does not touch, but which may now and then constitute the proverbial feather in the scale of acceptance or rejection of the applicant. Now, the average good examiner, if he be paid by the applicant, will actually not see or appreciate these points, as he would by being quickened and made alert to the company's interests by the company's good, clean check at regular intervals for services rendered. It tends to place your examiner on the company's standpoint of view, and in giving the Association rather than the applicant the benefit of all doubts. This is true to some ex-

tent with your best examiners, those who are upright, honest and clean, to say nothing of its influence on those who may not merit this rank.

Again, while the size of the fee is essential, and should be commensurate with the importance of the service, yet it is not important to the same degree as is its source. Some way or other there is much satisfaction and comfort in knowing that your remuneration is coming from a reliable source, and not from Tom, Dick and Harry, especially as everybody knows that while Tom may pay promptly, Dick will be awfully slow, and Harry will not pay at all.

Again, in the interest of good examinations, and absolutely unbiased reports of the same, not only should the agent never be present as a third party (during examinations), but he should not have recourse to the completed papers. The company should instruct the examiner on this point and furnish him with addressed and stamped envelopes for mailing papers direct to the home office. Such an arrangement I am sure would add materially to the comfort of the examiner, and, in some instances at least, result in obtaining for the company a more perfect and valuable picture of the applicant.

I believe, also, that the adoption of a uniform examination blank by all the companies of this Association, would operate in bringing about a better, more complete and reliable examination report. The most awkward and dull examiner will in time not only become acquainted with the typographical form, but in some degree at least catch the purpose and spirit of the design by a continued use of the same blank. It also seems to me that the interchange of information regarding applicants now in vogue would be simplified, and hence more valuable and satisfactory, by the use of such a blank.

In closing under this head of relationship of the Association to the examiner, I would mention the advisability of keeping in close touch with him by correspondence and otherwise from time to time, as occasion permits or demands. If he renders you a particularly good service, and especially if such service be peculiarly good by having been done in the province of the unwritten law, don't fail to recognize such a favor by an appreciative letter, if not in

more substantial shape. The keeper of the Outer Gate is human, whatever may have been your preconceived opinion on this point, and therefore is susceptible to a little praise or a bit of flattery, and will generally respond to such treatment in an appreciative and valuable manner to the company. To make a long story short, if you love your faithful and reliable medical examiner, tell him so, and don't forget to repeat it at proper intervals.

Now, then, a few words about the medical examiner himself. As a rule he is a gentleman, upright, honest and true. Of liberal education and broad ideas. A close observer and somewhat of a philosopher. On the whole he will compare favorably with the best of his co-laborers in insurance circles, and in fact is the peer of the choicest nobility of the realm. Right here I wish to assert my faith in the integrity of humanity in general. I am sure I am not an optimist in the extravagant sense of that word, yet I have an abiding faith in the power of the ever increasing modicum of truth in ultimately dissipating darkness, error and sin, and in gradually ushering in the effulgent light of the day of wisdom and righteousness. The world is growing better. Medical examiners are not all good men, but it is the exception that any are otherwise. Neither are all applicants dishonest and ready to deceive and defraud, and I think I might say all bad men are not life insurance agents, and I am bound to say that all life insurance agents are not bad men. No, there are plenty of good, honest examiners, and many straightforward and guileless applicants, and some absolutely trustworthy agents.

But to get back to the keeper of the Outer Gate. As before remarked, he is human; indeed, very human, and also subject to many subdivisions, but for the sake of brevity and a due regard for the patience of my audience, as well as for the safety of my own continuity, I will examine only two, and they in reality belong only to one class, and are known as safe examiners.

One of them is not above mediocrity in the medical art, and may not be able to make all the finer differentiations in a close physical examination, but he is sufficiently skillful to detect any deviation from the normal, though he may not positively judge as to whether such deviation is trivial or serious, but he does possess in a

high degree that most essential of all qualifications of a good examiner, sterling, rugged honesty, and therefore he gives the company the benefit of the doubt. True it may be that he will now and then turn down an applicant who might be passed by a more skillful examiner as a fair risk, but the mortuary fund at least does not suffer by his mistakes.

Our other safe examiner is the skillful physician, who is and continues abreast of the front ranks of his profession, who is a painstaking, careful and expert diagnostician, who easily differentiates between an almost harmless deviation from the typical normal function of an organ, and some slight though important indication of the existence or the beginning of some serious or incurable disease, and who withal is also faithfully honest in all his work. This is the kind of man who typifies and gives promise of our coming ideal examiner.

Our conception, however, of the ideal, like to-morrow, is always ahead of us. If our standard of excellency of to-day is reached to-morrow, then the standard is immediately raised, and the image of our ideal is still in the future. Were it not so it would of course not be ideal, but practical. But even if our now imperfect ideal examination could be attained, then would the winter of our discontent be broken up and transformed into glorious summer by this son of Aesculapius, who could and would thus operate the Outer Gate.

Watchman, how goes the night? Tell us, are there no signs of the morning? Aye, aye, the night has been long and dark and full of trouble, but the morn cometh. Already its rosy tints illumine and herald the coming day of a better service.

The medical examiner himself is waking to the spirit of the hour, and forming into associations for the avowed purpose of self-improvement and a closer and better understanding and relationship between himself and his employer.

During the past year we have formed such a society in the city of Chicago, and which is now in a flourishing condition, meeting at regular intervals, with excellent programs of papers and discussions pertaining to the work. This can but result in mutual good and profit to all concerned. Men of the National Mutual Life Underwriters' Association, give this movement your approval and encouragement by suit-

able recognition. It will be bread cast upon the waters.

Again we have signs of the morning in the fact that our medical colleges are beginning to realize the increasing necessity of special instruction to the student on this important and growing, remunerative feature of the work of the physician. Let us continue the agitation of this question, and in a judicious manner keep it before our medical educators, until it shall bear the fruit desired.

We may also perceive promise of the better time coming in the fact that good, reliable examiners are multiplying on every hand. Some of the Inner Gatekeepers may think this statement should be taken cum grano salis, but I believe statistics would prove it to be true. It has long been said that practice makes perfect. Physicians are getting an hundred fold more practice in making life insurance examinations now than they did fifty years ago, and as a result the number of good examiners is increasing. Indeed, we have examiners here and there who are beginning to appreciate the fact that the only absolutely safe way of making an examination is to conduct it as you would were the subject a patient with some obscure or ill-defined disease which you were determined to find, and also appreciating this difference, the patient will do all in his power to aid the doctor in arriving at a correct diagnosis of his case, while on the other hand the applicant for insurance will occasionally do all in his power to cover and hide from the examiner everything he may consider unfavorable to his acceptance. The honest appreciation of this by the physician makes him alert to the dangers of being deceived by the applicant's statement, and more and more impressed with the importance of a thorough physical examination.

Other signs of the morning and coming day might be enumerated, but we believe these are sufficient to convince even the pessimist, and so in closing allow me to express the hope that we may all meet again, and if not here around the Outer Gate, then inside the beautiful Inner Gate of that country from whose bourne no traveler returns, over whose portals St. Peter is said to preside, and whose final examination all good insurance people hope to successfully pass, and be admitted into that eternal assurance of everlasting joy and happiness of life evermore.—Guardian.

Fracture of Femur and Its Treatment.

By W. A. KUFLEWSKI, M. D., Professor of Minor Surgery Chicago Clinical School. Clinical lecture in Chicago Clinical School.

Gentlemen:—It is stated that one-seventh of all injuries are fractures, and about 6 per cent. of all fractures are fractures of the femur. Fracture is sudden solution of continuity in bone or cartilage—it may be partial, complete, transverse, oblique or longitudinal; single, double or multiple; simple, comminuted, compound or complicated—and the causes of such fractures are external violence or muscular action. Fracture of femur may be studied in three groups, viz.: First, upper extremity, including the neck and trochanter; second, of the shaft; third, of the lower or condyloid extremity. Fracture of neck of femur is common in the aged. Fracture of the shaft, in children and adults. Of lower extremities, in adults. Fracture of neck may be within or outside of the capsule; very common in old aged women, and the anatomical cause is chiefly a condition of senile rarefaction (a senile atrophy), and the cause is usually force from below upward, as in act of kneeling, or turning over in bed.

Diagnosis of fracture of neck of the femur: History: The patient falls upon the foot, knee or trochanter, pain in the hip, eversion of foot, loss of function, shortening (shortening is determined by comparative measurement of the limbs from the anterior superior spine of the ilium, to the inner malleolus), crepitus, but it may happen that these symptoms are not present, and is possible that patients may walk a considerable distance. Deformity is due to the action of glutei muscle, pectineus, adductor, psoas, iliacus internus and obturator externus. Eversion of the foot is due to the external rotators, and the absence of resistance in the ligamentum teres. Allis called attention to very important symptoms—that is, "that the fascia lata is relaxed between the crest of the ilium and trochanter major." The most common fracture of the femur is of the shaft, at about the middle; and when due to direct violence, the fracture in the bone is usually transverse, while from indirect it is usually oblique. The upper fragment is drawn forward and upward by the psoas and iliacus internus, or outward by gluteus mini-

mus, obturator internus and quadratus femoris. It usually happens that a lower fragment is drawn upward behind the upper fragment in consequence of the united contraction of the three hamstring muscles, the tensor fascia femoris, rectus, gracilis, sartorius, with the adductors. Fracture of lower end of femur may occur where the femoral artery turns around the bone to become the popliteal artery; this is the most dangerous place of fracture of the femur and should always be remembered in manipulation of the fragments—the sharp end of the lower fragment impinges upon the popliteal space, and when extension is applied to the leg increases the condition, so in treatment of this fracture it may be advisable to divide the tendo Achilles; by doing this we eliminate the resistance of the gastrocnemius muscle. Before we take up separation of the epiphyses we shall know that the femur develops in the third week of foetal life, by formation of a rod of cartilage, and, furthermore, is the next to the clavicle to ossify; it begins about the seventh week. The head of femur begins to ossify about ten months after birth, the greater trochanter in fourth year and the lesser about thirteenth or fourteenth year, the epiphyses are joined to the shaft after puberty, first the lesser, then the greater trochanter; first the head and last the lower extremity. The only epiphyses in the body in which ossification begins before birth.

I will now describe my two cases of fracture of the upper third of femur in children:

Case No. 1: Mary K—, 664 North Ashland avenue; eleven months old at the time of accident. American-Polish descent. Family history: Father thirty-two years old; mother nineteen years old, healthy; one sister, died at the age of six months; no hereditary disease. On Saturday, May 7, 1898, I was called to see this little patient and found her in the cradle, crying and restless. The history the mother gave me was this: She was preparing supper for her husband and left the child in the cradle; the little one had had stomach trouble for a few days previously, with colicky pains, as she describes: "Mary was asleep and awaked and cried out and started to holler!" The mother did not touch her, but sent for the nearest doctor; physician came in and diagnosed a fracture

of the thigh bone. Just as the doctor had diagnosed the case the father came, and, knowing the fact that the child was not out of cradle, he (father) thought that the breaking of the bone could not be possible and did not believe the doctor. I carefully examined the child (and let us remember the fact that in childhood a careful physical examination is the only reliable evidence of the presence or absence of disease or injury), and I found the fracture (oblique) of the upper third of femur of the right limb, and I told the father that the doctor was correct; that there was a broken bone and it must be set. I applied a temporary splint and next morning the splint later herein described was applied.

Case No. 2: Frank S—, 806 West Eighteenth street. American-Polish descent, three years and four months old. Family history: Father thirty-five years old, healthy; mother, thirty-seven years old, healthy. Three sisters living; the youngest is one year old and the oldest is thirteen years old; one brother, died four months of age; no hereditary disease in the family. On July 18, 1898, at 4 p. m., I was called out to see this little patient, and found him on the table. The history which the mother gave me was as follows: Frank was playing in the hall on the third floor; the window was open which led into the space between the two houses, which is about two feet in width. Frank fell out through this window to the ground between the houses. I examined the child, every bone separately, and found oblique and somewhat longitudinal fracture of the upper half of the femur. I reduced the fracture and applied temporary splints. After my call another doctor was called in, he being the family doctor, to treat this case. On July 20 the mother came to my office and told me that the family doctor would not take the responsibility of this case and asked me to take charge of the child. So on July 20, with the assistance of Dr. Ohlendorf, I applied the dressing.

Before I describe the treatment in detail let us take up very briefly the process of repair of bone. The first and immediate results of a fracture is the hemorrhage, which occurs from the arteries, arterioles, capillaries and veins of the bone medulla, compact substance, periosteum and the surrounding soft parts, which may be involved in the injury. Inflammation is due to irri-

tation, and we have also hyperemia, dilatation of vessels and cell proliferation, and the presence of a great number of leuco-



cytes, the medullo cells and myeloplaxes (the giant cells of the marrow), osteoblast, which are the germinal cells deposited in the development of bone, perosteal cells and connective tissue corpuscles undergoing rapid proliferations, forming a mass of embryonic cells, which infiltrate the clot between and around the fragments. The embryonic tissue develops into cartilage cells and these, undergoing proliferation, develop into secondary embryonic tissue, which is formed into bone. The new formed tissue, due to irritation following fracture, undergoes calcification, forming callus by absorption of inorganic material from the blood. Ensheathing callus lies around and on the outer side, intermediate between the fragments and central callus within the medullary canal.

Prognosis depends on age, health, de-

gree of separation of fragments, whether infected or not, laceration of periosteum, when the fragments are more or less displaced or move one upon the other, and if the patient is not tubercular or syphilitic.

Separation of lower epiphysis is much more common than the upper (remember that the lower end of the thigh bone grows twice as much as the upper and diastasis of this portion of the bone generally stops the growth of bone, making the prognosis bad on account of the shortening of limb). Remember to warn parents at once, thereby avoiding subsequent lawsuits for malpractice, that is, tell them that the limb may be much shorter in case of separation of lower epiphysis.

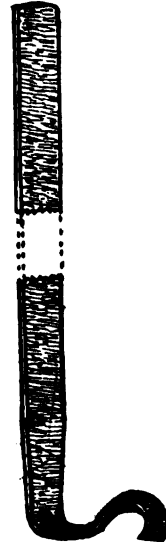
Treatment: The whole question of treatment depends upon the nature of the accident, the physical condition of the patient and the attendant circumstances, rather than upon merely the age of the patient (some persons are old at fifty, while others are comparatively young, physically, at sixty years of age). In treatment of fracture of the neck of femur, remember the older the patient is the more likely it is to be a fracture within the capsule, and the intra capsular fracture of the femur does not require, as a rule, any modification in the principle of treatment of fracture of the shaft of the bone, and in aged persons when the injury has resulted from a trivial cause, as a mere twist of limb in bed or a stumble in walking, in advanced life (in many cases the bone breaks before the patient falls, and the fall is the consequence of the fracture and not itself the cause). The treatment should be directed to the general condition of patient. The fracture of femur is treated in different ways by various surgeons, among which may be mentioned: First, treatment by rest in bed, extension and fixation. Second, Buck's extension with long side splint. Third, vertical suspension in fracture of femur in children (Schede's vertical suspension, the feet wrapped in cotton and strapped together, and then by a tackle they are lifted until the buttocks rest but lightly upon the bed; the coaptation splint is used in addition). Fourth, Lister's long side splint, and Bryant or Hamilton long double side splints with transverse foot-piece, splinting both limbs equally. Fifth, Buck's extension by weight and pulley, with counter extension by raising the foot of the bed. Sixth, ambulatory treatment.

Erichsen recommends that the injured limb should be kept well slung up, and to enjoy, no weight should be borne upon it, and that it should not be permitted to jar against the ground, and further Erichsen said, twenty-five years ago, that by applying the starched bandage he scarcely ever found it necessary to keep patients with simple fracture of the leg in bed for more than six or seven days; even fracture of the thigh, where thus treated, being gotten out of bed as early as the sixth day after injury.

The treatment of fracture of the femur which I describe avoids the difficulties and responsibilities which attach to the treatment of fractures in private practice by general practitioners, thus enabling the practitioner to control the patient and exercise a more constant supervision over the seat of fracture, and to further avoid the tedious and prolonged detention from the activities of life. It also avoids to certain extent the amount of muscular atrophy and the possibilities of delayed or non-union are much lessened. This dressing is cheap and readily extemporized, permitting the little patient to carry it easily around, giving them fresh air while repair is going on. The practice of this mode of dressing of fracture of lower extremities in adult would enable them to leave the bed in a few days, and with the help of crutches they would practically enjoy freedom, moving around in the fresh air.

This treatment is the combination of a steel supporting bar with adhesive plaster traction strips, and muslin fixation bandages along with plaster-of-Paris bandages. The manner in which I applied the dressing on these two little patients was as follows: First the assistant anesthetized the little one, I washed the limb with soap and water, and then with alcohol, and dried the limb, reduced the fracture; I then applied adhesive plaster, one and one-third inch in width, starting from the level of the lower fragment clear down to the heel, under the malleolus, on both sides of the leg, making the adhesive strips hang three inches below the heel; next comes a thin layer of cotton covering the whole limb and the hip region and around the abdomen; over this comes a linen bandage, starting from the foot, extending up far enough to fix the hip joint. Now comes the plaster-of-Paris bandage, two or three layers, started from below up. Then comes the steel bar, which

is imbedded in plaster-of-Paris (the steel bar is 3-16 inch in thickness and $1\frac{1}{8}$ inches in width and made with hook, as seen in the cut herewith, and is bent to fit the limb).



Over this bar comes another two or three layers of plaster-of-Paris bandage, so as to cover the entire bar. While you apply these dressings the fractured limb should be well extended and kept in place. Then wait until the plaster hardens (just before using the plaster bandage bake them in the oven so that the atmospheric moisture which was absorbed is driven off, and they will therefore set as well as first prepared).

When the plaster is hardened put lengthwise of heel a piece of roller bandage and then tie the adhesive plaster over this; you then take the cord and tie it to the hook of the steel bar. The steel bar must go over the region of the hip, so as to assist in immobilizing the hip-joint, and must be molded according to the shape of the limb, extending about two inches below the heel. I let the dressings thus applied remain upon both of these patients for three weeks before I took off the first dressing. Had complete recovery in both cases. Case number one was taken out on second day and was afterward more out than in. Case number two was moved around in the room, but as the parents of the little patient live on the third floor, the mother being occupied with other work, could not take the patient out. But the patient was moved around from one room to

another. Case number two walks at present. There is no shortening of the limb. In compound fracture of femur I would use the same dressing, with the only alteration in applying the plaster-of-Paris bandages; that is, first, adhesive traction strips, cotton, linen bandage and the plaster-of-Paris bandage put on à la Thomas' hip splint. Having the limb in good extension, start the plaster-of-Paris to apply so as to fix the ankle-joint, making two or three layers, then fix the hip-joint; then put the plaster-of-Paris from hip to foot, up and down, to cover half of the limb more or less, so as to make convenient to dress the wound, and not interfering with the dressing. Then apply the steel bar, then again start from the foot, then hip-joint, then up and down from hip-joint to foot, six or seven layers of plaster-of-Paris bandage, then foot, then hip, then around the thigh, then around the knee, and middle of the leg. After the dressing dries tie the cord the same way as in the first dressing I described. The traction power which we can get in this kind of treatment can be from five pounds up to twenty-five.

Recent literature: Dawbarn, R. H. M., *Ann. Surg.*, Vol. 26, p. 480. Morton, T. G., *Ann. Surg.*, Vol. 24, p. 27. McClellan's *Reg. Anatomy*, Vol. 2, p. 240. Pilcher, L. F., *Ann. Surg.*, Vol. 24, p. 59. Obalinski, A., *Przegl. Lek.*, 74, No. 44. Ridlon, J., *Med. Rec.*, Vol. 12, '97, p. 369. Whitman, R., *Ann. Surg.*, Vol. 25, p. 672. Warbasses, J. P., *Ann. Surg.*, Vol. 27, p. 593. Wyeth, third edition, p. 381. Wharton & Curtis, p. 478.

"As a rule," says a nurse recently returned from Japan, "the Japanese women make very good nurses. They are light and quick of foot and very deft with their fingers. Before a nursing school was opened, twelve years ago, there were no trained nurses in Japan. The Japanese looked upon nursing as a menial form of labor and the educated women felt that they were above such a calling. In time, however, they found out that nursing was a profession requiring skill and intelligence and that it was regarded by foreigners as distinctly creditable. They form their ideas on those of foreigners nowadays, so it wasn't long before we were able to get our students from a higher grade of women."

ABSTRACT.

Modern Methods and Their Achievements in Bacteriology.

In order to convey some concrete idea of the extreme minuteness of bacteria, it has been mentioned that if a postage stamp $\frac{1}{2}$ inch long and $\frac{1}{4}$ inch wide (22.2 mm. by 19.05 mm.) were covered by a single layer of the typhoid bacteria, placed end to end and side by side, 500,000,000 bacteria would be required; and, further, that the same area, covered to the depth of one-tenth of an inch (2.54 mm.) would accommodate no less than 2,000,000 million of these microscopic creatures. If beef broth be sterilized, and to the limpid liquid be added bacteria known as *staphylococcus aureus*, in the proportion of 246 per cubic centimeter of broth, and the whole maintained at the temperature of the animal body (about 98 deg. F.) for twenty-four hours, it will be found that the liquid has become quite turbid, and calculation will reveal the presence of 20,000,000 bacteria in every cubic centimeter of the solution. In other words, each original bacterium has become 80,000. The bacterium which causes fowl cholera, an epidemic disease which quickly decimates a large fowl yard, is so abundant that the blood of an infected fowl teems with them to the extent of 15,000,000 to each cubic centimeter. Indeed, if one-fiftieth of a drop of this blood be injected into a healthy rabbit the animal sickens and dies in twenty-four hours, and the blood in its body contains about 12,000,000,000 bacteria.

The lecturer then described the methods now in use of cultivating bacteria in solid media, and which were first introduced in 1881-82 by Robert Koch. It was mentioned in passing how great were the benefits conferred upon humanity by the rapid increase in our knowledge of bacteria, due mainly to these methods, especially in the departments of medicine, chemistry and botany. It was shown how bacteria may thus be sifted out and determined specifically by accurately noting their morphological and biological characters. A sample of sewage was diluted to a known extent, mixed with a definite quantity of medium and similarly treated. In this way it is possible not only to identify and sift the multitudinous forms of bacteria, but also to esti-

mate their number and roughly compute their weight. Thus the sewage was found to contain about 2,000,000 typhoid bacteria per cubic centimeter, and it is estimated that about 40,000 million staphylococcus aureus weigh 1 gramme.

The lecturer showed conclusively the absolute futility of chemical analysis of water, unless it is supplemented by a careful bacteriological examination. It has been stated by the most eminent authorities on water analysis that the presence of 0.05 of organic matter per 100,000 parts is a negligible quantity. Some time ago a water was described as containing 1 grain (0.0648 gramme) or organic matter in 5,000 tumblers, i. e., one 5-000th of a grain (0.0001296 gramme) per tumbler. Now, granting that this organic matter represented bacteria, and in weight they resembled the staphylococcus aureus, it follows that each tumbler contained the alarming proportion of over 518,000 typhoid bacteria. If we go a step farther and consider the alarming rate at which the cholera bacteria multiply in the blood of a healthy rabbit, we cannot fail to grasp the shockingly fatal results that may accrue from an imperfect examination of a sample of water infected with the typhoid bacterium. The fact was emphasized that infinitesimal weights of bacteria cannot possibly be detected by the aid of purely chemical methods, and that no examination of water is complete unless it has passed through the hands of an expert bacteriologist. One-sixtieth part of crude sewage in 100 c. c. of distilled water gives a proportion of about 1.7 of sewage per 10,000 of water. Chemical analysis detects this small amount of organic impurity, but the chemist looks upon this sample of water as one of exceptional organic purity, and passes it as a first-class potable water. But the bacteriologist has methods at command which enable him to detect far smaller proportions of organic matter, and he sees great danger when water is contaminated with sewage to the numerically small extent of one part in 500,000.

The lecturer passed on to consider the conditions that affect the growth and vitality of bacteria. All bacteria may not be present in a given area in the same proportion, and if a culture be made in a nutritive medium that favors the growth of all alike, it is possible to miss specific bacteria that may be of great importance. It is cus-

tomary, therefore, to add to the media certain substances that are known to retard the multiplication of the rabble, while they favor the growth of the few. The addition of 1-500th per cent. of carbolic acid acts in this way, and is largely used in the case where, e. g., it is required to find bacillus coli. By adding sewage to phenolated broth a pure culture of *B. coli* may be obtained. This medium is favorable also to the typhoid bacillus, and both multiply well in a medium prepared from a sterilized infusion of potato mixed with gelatin and iodine. The incubation period for these two varieties of bacillus varies from twenty-two to forty-eight hours. It was noticed that whereas the *B. coli* develops carbon dioxide the typhoid bacillus does not. The cholera vibrio grows and multiples best in a medium containing 1 per cent. of salt and 1 per cent. of peptone. By such devices the specific bacteria may be isolated from other varieties, and in the form of a sub-culture spread upon glass, dried, stained and examined.—The Amer. Monthly Micros. Jour.

The First Ambulance Ship.

The Solace is the first ambulance ship ever put in commission. Proper treatment of the wounds on board a modern battleship is well nigh impossible, without lessening the fighting efficiency of the vessel.

The surgeons themselves may move about the ship, rendering aid wherever they may, and this aid must necessarily be limited to checking hemorrhages, the application of temporary dressings, and perhaps some treatment of shock.

It was with a full understanding of the conditions that Surgeon-General Van Rey- pen, as soon as hostilities with Spain became probable, sought authority to fit out an ambulance ship. The Solace is the result.

The Solace is a new steel vessel of 3,800 tons displacement, is 375 feet long, and has a speed of from 14 to 17 knots per hour. Her holds and lower decks are given up to the stowage of ship stores and provisions, with the exception of the forward upper cargo deck, on which we find a large steam sterilizer and storerooms for medical and surgical supplies.

On the main deck forward are quarters for the crew of the vessel, the anchor engine, and the blowers for artificial ventila-

tion. Aft these is the main ward. Here are bunks, accessible on all sides, for ninety-two patients. This ward is well ventilated, and is well lighted. There is also an abundant supply of hot and cold water, and connected with the ward are closets, urinals and bathrooms. This ward is connected directly with the operating room above by an elevator capable of carrying a cot or wheeled stretcher. Aft the main ward is a large saloon with staterooms for convalescent officers. On this same deck amidships are staterooms for nurses, apothecaries and the petty officers of the ship, and the crew's messroom, also cold storage rooms, ice machines and ice houses. Aft the engine room is the steam laundry, and still farther aft is the emergency ward, containing fifty swinging cots. In the extreme stern is the steam steering engine.

On the upper deck forward is the operating room—large, light, commodious and well ventilated. It is fitted with two operating tables and all modern appliances for aseptic surgery. The deck is covered with interlocking rubber tiles, which are capable of thorough cleansing, and afford a firm foothold in a seaway. The bulkheads are capable of thorough cleansing and sterilization.

Adjoining the operating room are the surgeons' sterilizing and washroom and the dispensary. In the latter is the central telephone station. Aft this are, on either side, the quarters of the senior surgeon and the chief apothecary, and amidships is a broad companionway leading down to the convalescent officers' saloon.

Next comes the officers' messroom, with connecting pantry and toilet rooms, and aft these the galley. On either side is a series of staterooms for injured officers, and in the extreme after end of this midship deck house are the quarters for the junior surgeons. In the after deck house is a saloon, connecting with the emergency ward below, for convalescent enlisted men.

On the promenade deck are the quarters of the captain and deck officers and offices for the executive officer, the surgeon and the paymaster. The after part of this deck will be devoted to the isolation of contagious diseases, should such develop.

Besides a large distilling plant, the *Solace* has tanks for fresh water of a capacity of over twenty-seven thousand gallons. On the forward upper deck the *Solace* carries

two steam launches, which can be fitted with platform decks on which the injured in cots or in hammocks may be lowered.

In conformity with the articles of the Geneva convention, the *Solace*, as well as each of her steam launches, is painted white. She flies the Geneva cross and thus her peaceful character should be always apparent.

The personnel of the surgeons' division of the *Solace* includes at present four surgeons of the navy, three apothecaries, eight nurses, four mess attendants and one cook for the sick. In addition there is a captain, executive officer, three watch officers and a paymaster—all of the navy—and a crew of sixty men. The nurses are male nurses and are all graduates of the Bellevue Hospital Training School.

The *Solace* is expected to remain near the fleet while in action, and as soon as any ship withdraws, or at the close of the engagement, she will take the wounded on board and steam away for a navy hospital, thus fulfilling distinctly the duties of an ambulance ship and not those of a hospital ship. The injured will be lowered from the battleships either into the *Solace's* steam launches or into barges towed by the launches, or will be landed directly on the *Solace's* deck by a trolley sort of litter, which will run on a cable stretched from the battleship to the ambulance ship. The wounded having been received on board of the ambulance ship, those requiring immediate operation will be placed on the tables at once and sent down to the wards later, thus involving the least possible handling; those that do not require operative treatment will be sent at once to the wards.—Medical Record.

Importance of Simplicity in Surgical Detail.

In a paper before the surgeons of the Southern Railway Company, Dr. Joseph Price of Philadelphia made the following among other very practical remarks:

My subject is the suggestion of my own method of surgical procedure, of my failures and successes. It does not relate to the more intricate and abstruse problems of the science and art of surgery. It touches alone those simple truths which the aggregate of my experiences have crystallized with a strong surgical faith. In my specializing I may have limited my field within

too narrow limits to be in strict accord with the ambitious, outreaching, grasping spirit of the period, but the motive in my specializing has been to do, even if it was very little, that very little thoroughly and well. To do this I have adopted the simplest forms of procedure. Nowhere is simplicity and orderliness more forcefully taught than in the processes of nature itself.

In using the term simplicity I mean to interpret it in its broadest scientific significance as it applies to surgery. Every surgical operation, whatever its character, should be done with the least possible fuss, amid the fewest, plainest and simplest of surroundings. Only the very least of the needful appointments and furnishings should be in the operating room and the room of the patient. All the surgery, down to the smallest detail, should be done, as far as possible, by the operator himself, with little assistance, and that little should be as trained and skilled assistance as it is possible to obtain. There is a great risk that our skill and successes may make us careless as to many important factors of success. There is no possibility of our ever overestimating our responsibility.

There should be few nurses in the operating room, little talk, and that in the lowest possible tones; every step and move should have a considered and definite purpose.

I remember to have witnessed a simple operation—the operator's attendants were seven residents and nine nurses. The loins of the attendants were neatly bound around by baseball belts, their hair thick, long and carefully plastered down and parted in football fashion. The nurses were trim in Oriental costume. The scene amid this preparation for a funeral was unique, solemn and impressive. Listerism was carefully practiced. The operation lasted one hundred and forty minutes. I did not stay to see the patient reopened and the lost sponges searched for.

Our faith in the simplicity of methods is grounded in experience and the observation of facts. This experience has proven the need of but few instruments and improved our mechanical technique. A high mortality in surgery is always in accord with the limit of experience, inaptitude, inaccuracy, inattention to details, non-observance of the simple precautions which cleanse away and ward out dust.

As we approach our higher ideals in the

surgical treatment of wounds, antiseptics will pass into disuse; it will come to be regarded as the curious superstition of an unenlightened profession; it will be recognized as in very many instances positively injurious. We will not here question its occasional value in obstetrics. But even in obstetrics the mortality in the practice of physicians in rural districts, where there is no resort to antiseptics, is very low. And in this connection we may take the gynecological operations, or those in general surgery, of this same class of physicians, who in emergencies are too distant from the general surgeon or specialist to call in his aid, and have to act without trained nurse or skilled assistants, with every surrounding against them, without any of the appointments, appliances or aids to be found in the general and private hospital; and yet, in the face of all this handicapping, these embarrassments, they meet with repeated brilliant successes. To the extent to which it is possible they make conditions aseptic. The truth is, if you are seeking for some fad, some fallacy, some old or late rot, some new cure, some new surgical machine, a "free silver" mounted hardwood operating table, with an automatic device attached to do the operating while you sit down and rest, smoke, take a little Kentucky bourbon, or something refreshing from a South Carolina dispensary, why, go to some of the loud, noisy, inventive specialists or general surgeons of our medical centers.

I assert without hesitancy, from conviction, that the great broadening of our therapeutical resources and our great advances in both general and special surgery are largely due to our general practitioners. From their ranks came the fathers. They have not indulged in lofty flights, but have stayed down on the ground and followed the plain, simple ways of common sense.—Denver Med. Times.

Primary Tuberculosis of the Rectum.

Straus, in an interesting article (Mathew's Quar. Med. Jour.), has the following conclusions:

Primary tuberculosis of the rectum is not so infrequent as some of the leading authorities have taught.

It is a surgical disease as much as is appendicitis.

It is not and cannot be diagnosed by the

clinical symptoms as given by the various writers on diseases of the rectum.

The only scientific and correct way of making a diagnosis is by the use of the microscope.

By thorough curettement or excision, or both together, with cautery, it is not only cured, but remains cured, much more often than the teaching of the authorities would have us believe.

Some of the apparently hopeless cases are cured by repeated operations.

All suspicious cases should be submitted for microscopical examination.

Local treatment is not equal to curing these cases; permanent results are to be had by a radical destruction of diseased tissue or the habitat of the tubercle bacilli.

These cases are and have been cured, and that sufficient time has elapsed for us to conclude that they will remain cured.

Early and repeated operations, if need be, are imperative, if these cases are to be permanently cured.

Diseases of the Eye Caused by Diseases of the Nose.

Dr. A. T. Haight, in a recent article on this subject, gives us many practical points. We take the following liberal abstract therefrom:

There are no organs of the human body more closely connected than the eye and the nose. No organ suffers more from reflexes than the eye from the nose. The slightest offense to the mucous membrane of the nasal chambers will instantly cause suffering to the eye. Let one come in contact with smoke or other irritants to the Schneiderian membrane and the eye will soon respond to its danger and shed tears. The reason for this is clear, as the eye is directly connected with the nose by the nasal duct, the same mucous membrane, histologically connected, continues to cover the eyelids, the globe and the orbits.

The lachrymal artery with its branch, the anterior ethmoid, supplies blood nourishment to both the lachrymal sac and the nasal duct. The nerve supply is received in common from branches of the ophthalmic nerve and Gasserian ganglion. The lachrymal sac, the dilated part of the nasal duct, is situated in a channel of the nasal process of the superior maxillary and lachrymal bones. Its formation is fibrous and elastic, lined with mucous membrane, continuous with that of the nose.

The nasal duct, which is about three-fourths of an inch in length, begins at the somewhat constricted portion of the passage where the sac terminates, and extends in an osseous canal formed by the lachrymal superior maxillary and lachrymal process of the inferior turbinated bone, in a direction differing almost in every case that presents itself, downward, slightly backward or outward to the inferior meatus of the nose. Hence we have a direct route in the nasal chambers for the passage of morbid germs from the rhinal cavities to the eye, and under certain pathologic conditions the nose becomes a factor for aggravating causes of ocular disturbances. The ordinary blood supply, with anastomosis from the duct and sac, and the connected relation of the accompanying veins manifest that certain mechanical or pathologic conditions existing in the nasal chambers may produce pronounced symptoms in the eye. For example, an irritation of the Schneiderian mucous membrane may produce lachrymation, and more dangerous ocular disturbances often accompany coryza, measles, scarlatina, etc.

The author then attempts to show that the eye specialist cannot successfully treat the eye without proper and careful attention to the nose.

The leading ocular symptoms, which in certain cases depend mainly on the pathologic conditions existing in the nose, are lachrymation, photophobia, conjunctival hyperemia, pericorneal injection, smarting or burning and swelling of the lids, phlyctenular disturbances, epiphora, etc. In addition to the symptoms I have described I recommend as a guide to the ophthalmic practitioner the systemized ocular symptoms, depending upon pathologic conditions of the nose, by Dr. Gradle, which are as follows: "1, lachrymation without primary lesion of the tear passages of the eye and due to some chronic abnormality of the nasal passages; 2, fullness of the lids and itching, possibly with lachrymation and more or less pain, and with asthenopia especially marked in one eye. Patients with these symptoms aggravated have also a refraction or muscular anomaly; 3, periodic discomfort (itching of the lids), allied to hay fever, or coexisting with conjunctival lesions, at first of the follicular enlargement and finally of a formation of large, flat, yellowish follicular granules which

disappear in winter; 4, photophobia, with or without pain in the eyes, these being often bloodshot with little nasal annoyance, but with decided itching; 5, injection of the pericorneal vessels together with varying degrees of the above symptoms, chronic and persistent; 6, acute congestion of the lids with irritable nose, erysipeloid in character, subject to recurrence, lasting from two to six days; 7, sudden edema of lids without congestion, the attack lasting a few hours."

I shall now confine the principles of the subject to two classes; first, pathologic conditions of the eye depending on hypertrophies, deformities or mechanical abnormalities of the nose; second, pathologic conditions of the eye resulting from the passage of morbid material from the nose through the nasal duct or intermediate tissue of the eye. .

One of the frequent causes of ocular disease is chronic hypertrophic rhinitis, especially in that form in which sudden dilatation of the blood vessels of the mucous membrane is apt to recur from very slight irritation. In such cases we have a copious aqueous discharge from the nose with severe inflammation of the inferior turbinated body, especially marked in the anterior half, associated often with mucous polypi in the middle meatus. Eye symptoms occurring with this condition of the nose are lachrymation, photophobia, burning and smarting of the lids with deep injection, particularly marked at the margin, and not infrequently ciliary and conjunctival injection. Polyp of mucous region situated so as to form a wedge between the septum and inferior turbinal, or situated so as to fill the superior meatus, give rise to persistent ocular lesions; deviated septum, spurs, fissures. post-nasal adenoids and synechiæ play an important part in the production of sympathetic ocular conditions.

Polypi or vegetation, either in the superior or anterior nasal cavities, will oftentimes produce that peculiar deformity known as "frog face." When the nose becomes widened between the eyes and they protrude, the lids become granulated and drooped as seen in mouth breathers. Pressure on the upper part of the nasal duct produces epiphora and sometimes conjunctivitis, which can only be cured by the removal of the obstruction and the restora-

tion of the nose to its normal condition. Catarrhal conjunctivitis I find to be nothing but a reflex from nasal catarrh. Especially if the patient is of a catarrhal diathesis, a mere simple coryza of the nose will produce an inflammation of the mucous membrane of the inner surface of both eyelids, and will be reflected upon the ocular conjunctivæ. Abnormal developments of the ethmoid or sphenoid markedly affect the functions of the ocular muscles or the acuteness of vision. Over-development of the ethmoid, especially in the anterior portion, will sometimes produce complete stenosis of the upper part of the nasal duct, and there is epiphora from pressure; following this we get blennorrhœa of the lachrymal sac and possibly dacryocystitis. Abnormal development of the posterior portion of the ethmoid may produce widening of the inter-orbital space, displacement of the origin of the internal recti muscles, with high degrees of astigmatism and occasional divergent strabismus following. Over-development of the sphenoid may, by pressure of the optic nerve, produce permanent atrophy limitation of the field of vision and partial or complete color blindness. Hypertrophies, polypi or tumors in the superior nasal sinus may produce temporary blindness or high degrees of amblyopia, which are ameliorated or cured by the removal of the obstruction. —*Jour. Amer. Med. Asso.*

The Diagnosis and Therapy of Headache.

In a most exhaustive article in the *Medical Record*, Dr. Windscheid of Leipsic (translation by Dr. McCorn), gives a very practical resumé of the entire subject of headache. After briefly pointing out the points in diagnosis of particular importance, as heredity, personal history, personal relations, habits, sexual relations, etc., the author says:

In inquiries as to headache the following points are to be taken account of:

Site of the Pain.—When headache is complained of always ask: Where does it ache? And in this way try to ascertain whether the pain affects the whole head or is confined to certain parts: parietal, occipital, frontal, temporal region, eyes, or whether one part after another is consecutively affected, e. g., it migrates from the

occiput to the forehead, and whether the pain is felt on one or both sides.

Sort of Pain.—Whether boring, burning, throbbing, tearing, whether a feeling of general head pressure exists, whether the forehead seems encompassed by a band or whether a deep boring sensation exists in the parietal region.

Duration of the Pain.—Whether only momentary, occurring at very brief or longer periods, whether the pain lasts for days, weeks, and even longer, whether it usually occurs at certain times, e. g., at night or at certain hours of the day.

Causative Factors.—Whether the pain is spontaneous or arises from various causes, like stooping, sneezing, coughing, mastication, is increased or first induced by mental effort. In women never fail to ask whether it is the most intense before, during or immediately after menstruation.

Finally the other functions of the body, which often play an important rôle in the etiology of headache, must be inquired into; sense organs, appetite, digestion, sleep, the mental condition, in women menstruation—regularity, its disorders, climacteric.

Status Præsens.—The investigation of the condition of a patient suffering from headache is divided into two general parts:

1. Examination of the nervous system.
2. Examination of the rest of the body.

Arranged according to the organs affected, we have the following table of the various sorts of headache:

- I. Diseases of the nervous system:
 - a. Neurasthenia;
 - b. Hysteria;
 - c. Meningitis purulenta and tuberculosa;
 - d. Pachymeningitis hemorrhagica interna and cervicalis hypertrophica;
 - e. Hydrocephalus;
 - f. Brain tumors;
 - g. Circulatory disorders of the brain: hyperemia and anemia, arteriosclerosis;
 - h. Neuralgic headache:
 1. Neuralgia trigemina;
 2. Neuralgia cervicobrachialis;
 - i. Migraine;
 - j. Traumatic headache;
 - k. The so-called habitual headache.
- II. Diseases of the sense organs.

III. Diseases of the digestive tract.

IV. Diseases of the kidneys.

V. Constitutional diseases:

- a. Anemia;
- b. Chlorosis;
- c. Diabetis;
- d. Leukemia.

VI. Intoxications.

VII. Infectious diseases.

VIII. Rheumatism of the scalp.

In the pages following, the headaches which occur in these several forms of disease are more fully described and their differential diagnosis especially considered.

If special symptoms do not occur in habitual headache it may be assumed to be a general form. As its name implies, it is an extremely chronic condition. At any rate, habitual headache should never be diagnosed until after a thorough examination of the whole body, which is to be frequently repeated under certain circumstances. Chronic headache in this form is very often the premonitory manifestation of serious lesions of the nervous system, whose only symptom it may have been for years.

It would be desirable that the term habitual headache be eliminated from textbooks!

A headache may be due to overstrain of the eye functions. After strain of the eyes in reading or writing a headache often occurs, which is not merely the effect of the mental strain, but must also be ascribed to fatigue of the visual organs.

It is advisable at least in all violent and persistent headaches, especially in pronounced trigeminal neuralgia, to have a specialist examine the eyes.

Diseases of the Nose.—Owing to the close relation between the nose and the trigeminus and its branches it is not strange that affections of the nose cause intense headache. The origin is either purely mechanical or reflex.

From the preceding statements as to the diagnosis of headache, it will be clear that in no other disease must the indicatio causalis be so exactly followed as in headache. Therefore there is no specific treatment of headache, except, perhaps, in certain forms of neuralgia.

Medical, mechanicophysical and psychological remedies, as well as balneological and climatic treatment, are to be considered.

So we see how broad a field is open to the physician in the therapy of headache. Unfortunately much that is applicable to this subject has merely been hinted at.

I repeat the introductory sentence: The proper treatment of headache consists simply and solely of a correct etiological diagnosis, and a correct etiological diagnosis depends on a thorough examination. Nowhere than in this trouble, so tormenting to mankind, is the old proverb more true: Bene medebitur, qui bene diagnoscit!

Examination for Gonococci.

To prepare a specimen of urethral discharge for microscopic examination, Valentine, in the April "Clinical Record," gives the following directions:

1. Spread the discharge, filament or sediment as thinly as possible over the cover glass.
2. Let it dry under a bell-glass, to protect it from dust or air microbes. This usually requires about three minutes.
3. Pass it three times through the opened Bunsen flame, with an even motion, to "fix" it.
4. Drop eosin (saturated solution in alcohol) upon the cover-glass and hold it over the closed Bunsen jet until a slight visible evaporation results.
5. Hold it under a stream of water until all the eosin that can be washed away is carried off. If the cover-glass stood on edge over filter paper gives it ever so slight a tinge, the washing has been insufficient and must be repeated until nothing but clear water comes from the glass.
6. Drop 2 per cent. methylene blue upon the glass and let it rest so covered for five minutes.
7. Wash as described under No. 5, and mount for examination.

Mississippi Valley Medical Association.

The twenty-fourth annual meeting of the Mississippi Valley Medical Association will be held at Nashville, Tenn., October 11 to 14, under the presidency of Dr. John Young Brown of St. Louis, Mo. This association is second in size only to the American Medical Association, and has done most excellent scientific work in the past. The annual addresses will be made by Dr. James T. Whittaker of Cincinnati, on Medicine, and by Dr. George Ben

Johnson of Richmond, Va., on Surgery. The mere mention of the names of these gentlemen establishes the fact that the association will hear two scholarly and scientific addresses.

Nashville is a most excellent convention city and is well equipped with hotels, and with the record of the meeting in Louisville in 1897 as an example, the local profession, under the leadership of Dr. Duncan Eve, as chairman of the Committee of Arrangements, has prepared to have a better meeting.

Already titles of papers are being received. These should be sent to the secretary, Dr. Henry E. Tuley, No. 111 West Kentucky street, Louisville, Ky., as early as possible, to insure a good place upon the program. Reduced rates on all railroads will be granted on the certificate plan.

Medical Examination of Plaintiff in Kentucky.

The question whether a plaintiff in an action for damages for permanent injuries to his person may be required to submit to medical examination has, as readers of the "Journal" know, received considerable attention in some of the states. But the Court of Appeals of Kentucky says, in *Belt Electric Line Company vs. Allen*, January 11, 1898, that it does not appear to have heretofore arisen in that state. And while the decisions are not entirely uniform on the subject, it thinks that the weight of authority, which it seems disposed to follow, is that such physical examination may be demanded in cases where discovery of the truth will more likely result with, than without the examination, and the ends of justice be thereby better subserved. The conclusions which the various courts and some of the text writers have reached it takes pains to summarize as these: 1, that trial courts have the power to order surgical examination by experts of the person of a plaintiff who is seeking to recover for personal injury; 2, that the defendant has no absolute right to have an order made to that end, but that a motion therefor is addressed to the sound discretion of the court; 3, that the exercise of that discretion will be reviewed on appeal and corrected in case of abuse; 4, that the examination should be ordered and had under the direction and control of the court, whenever it fairly appears that the ends of justice re-

quire the disclosure or more certain ascertainment of facts which can only be brought to light or fully elucidated by such an examination, and that the examination may be made without danger to the plaintiff's life or health, and without the infliction of serious pain; 5, that the refusal of a motion, when the circumstances present a reasonably clear case for examination under the rules stated, is such an abuse of the discretion lodged in the trial court as will demand a reversal of a judgment in the plaintiff's favor.—*Jour. Amer. M. A.*

An Interesting Engraving.

There has just been issued a handsome engraving of an old painting of the first meeting of the Medical Society of London which was held in 1773 and it contains portraits from life of the most prominent of the original members.

Among those represented are: Edward Jenner; William Saunders, whose work on "Diseases of the Liver" was the authority for many years; John Aikin, a noted miscellaneous writer and the publisher of a "General Biography;" William Babington, author of a "New System of Mineralogy" and one of the founders of the "Geological Society;" Thornton, author of a "Philosophy of Medicine;" Edward Bancroft, a naturalist; Robert Hooper, who published a "Medical Dictionary;" and a number of other famous men of their day.

As this was probably the first medical society on record and was the predecessor of the British Medical Society, the engraving represents an event of much interest. "Coca" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain, however. Robinson's Wine Coca (see page ii) we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of cocaine being always determined by careful assay.

"Polk's Medical and Surgical Register of the United States and Canada" is now undergoing its fifth revision. Physicians who have not given their names to the canvassers are urged to report to headquarters at once, giving full information. Address R. L. Polk & Co., Detroit, Mich.

Within a few hours' ride from Denver are many pleasure resorts; quiet little nooks on the mountain side; mineral springs or fishing resorts.

Colorado Springs, Manitou, Platte Cañon, Idaho Springs and Georgetown, all on the line of the Union Pacific, Denver & Gulf Railway, are places worthy of special mention.

Should you decide to make the trip and wish more detailed information as to tours in Colorado, call on Mr. Geo. Ady, General Agent, Union Pacific Railroad, 941 Seventeenth Street, Denver, or T. E. Fisher, A. G. P. & T. A., Union Pacific, Denver & Gulf Railway, Denver, Colorado.

Golf Suits or Swell Clothes

May be worn at pleasure by the Four Hundred or the Four Thousand, at any one of the nine hundred and ninety-nine delightful summer resorts along the lines of the Chicago, Milwaukee & St. Paul Railway in the cool regions of Wisconsin, Minnesota, Iowa and Michigan, not omitting the famous Excelsior Springs of Missouri.

Within three hours' ride of Chicago are some of the most beautiful lake and country resorts in Wisconsin. Oconomowoc, Waukesha and Delavan are among the list. A little farther away are Elkhart Lake and the Dells of the Wisconsin River, and beyond are Marquette—with its magnificent Hotel Superior—Minocqua, Star Lake, Lake Minnetonka, Lakes Okoboji, Spirit Lake and hundreds of other deliciously inviting and invigorating spots, where energy will be revived and life prolonged by a visit of a few days or a sojourn of a few weeks.

The season opens early in June and lasts until late in September.

Excursion tickets are sold every day during the summer months. Our summer guide-book, with list of hotels and boarding houses, will be sent free upon application to Geo. H. Heafford, General Passenger Agent, Old Colony Building, Chicago, Ill.

Spend Your Vacation in the Mountains.

But first write to the general passenger agent of the Colorado Midland Railroad, Denver, for maps, views and descriptive matter, so as to know where to go.

OUR BOOK TABLE.**Operative Surgery.**

By Dr. O. Zuckerkaudl of Vienna. Edited by J. Chalmers Da Costa of Philadelphia. With 24 colored plates and 217 illustrations in the text. Published by W. B. Saunders, 925 Walnut street, Philadelphia. Cloth, \$3.00 net.

This work, while a member of the so popular atlas family, is intended more for the student or young practitioner than as a guide to the specialist; it consequently may seem to some readers to contain too much that is elementary, but we dare say that there are few indeed who could not get much of value from its pages, particularly in the line of technique in various operations.

Among the most important and practical chapters are those on Ligations, Plastic Operations, Operations on Nerves, Intestinal Operations (particularly the use of the Murphy button and other devices) and Genito-Urinary Surgery, though this by no means includes all that is valuable in the book.

Da Costa's Surgery.

Second edition revised and greatly enlarged, Modern Surgery, General and Operative.

By John Chalmers Da Costa, M. D., Clinical Professor of Surgery, Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. Handsome octavo volume of 900 pages, profusely illustrated. Cloth, \$4.00 net; half morocco, \$5.00 net. Published by W. B. Saunders, Philadelphia.

The author states that this edition, as was his first, is a work intended to fill the very evident gap existing between the distinctive text-book and the compend. We can compliment him on the complete attainment of such desire, and hence we have already most highly recommended the work as a valuable one for the general practitioner. It is true that a large portion of text is occupied by a general review and discussion of the methods of various operators, other than the author, and that very many of the ideas are attributed to others, but there is such a conciseness, clearness and entire elimination of the impractical in

it all, that its value is not diminished thereby.

It is burdened somewhat by a chapter on Bacteriology, which must of necessity be at best a mere abstract of so broad a subject. The propriety of occupying the space with this chapter is questionable. The general subjects of Gynecology, Ophthalmology, Rhinology, Otology and Laryngology have wisely been left to the specialists in those branches.

Fractures and Dislocations are treated of at some length, and the latest methods discussed and illustrated.

Operative Surgery is treated of under various sections, as follows: 1. Injuries of the Heart and Vessels; 2. Injuries of Bones and Joints; 3. Injuries of Muscle, Tendon and Bursæ; 4. Orthopedics; 5. Injuries of Nerves; 6. Injuries of the Head; 7. Respiratory Organs; 8. Injuries of the Abdomen; 9. Injuries of Genito-Urinary Organs; 10. Amputations; 11. Diseases of the Breast.

The work is well illustrated and is a credit to the firm who stand sponsor for its mechanical credit. The index added is a most comprehensive one and adds very much to the value of the work.

Atlas of Syphilis and Venereal Diseases.

By Prof. Franz Mracek of Vienna. Edited by L. Bolton Bangs, M. D., of New York. With 71 colored plates from original water colors by A. Schmitson. Cloth, \$3.50 net. Published by W. B. Saunders, Philadelphia.

To the thoroughness of the German is added the practicality of the American in the translation of this volume; most prominent feature of which is the excellent illustration of the entire book, as will be seen from the heading above.

Unusual conditions have been omitted both from illustration and text. This along with the conciseness of the discussion serves to make the book an atlas of real merit and value to the practitioner. The general section heads are as follows: 1. Primary Stage of Acquired Syphilis; 2. Secondary Stage; 3. Tertiary Stage; 4. Hereditary Syphilis; 5. Treatment of Syphilis; 6. Venereal Ulcers; 7. Gonorrhea.

THE CHICAGO CLINICAL SCHOOL.

The following operations were performed in the West Side Hospital, during the month of July, the students in attendance at the Chicago Clinical School being present:

Laceration of Perineum—
Perineorraphy.
Laceration of Cervix—
Schroeder Operation.
Hemorrhoids—
Clamp and Cautery Operation.
Hemorrhoids—
Ligature.
Gallstones—
Cholecystotomy.
Appendicitis—
Appendectomy (2 cases).
Carcinoma of Uterus—
Hysterectomy.
Tubercular Glands of Neck—
Extirpation.
Stricture—
External Urethrotomy.
Ovarian Cyst—
Ovariectomy.
Cataract—
Double Cataract Operation.
Varicocele—
Resection of Veins.
Ovarian Cyst—
Ovariectomy.
Carcinoma of Mammary Gland—
Excision.
Varicocele—
Excision.
Carcinoma of Mammary—
Excision.
Pyosalpinx—
Laparotomy.
Iridectomy and Advancement—
Lacerated Cervix—
Trachelorrhaphy.
Endometritis—
Curettage.
Ovarian Cyst—
Laparotomy.
Appendicitis—
Appendectomy.
Hemorrhoids—
Ligature.
Lacerated Perineums—
Perineorrhaphy.

Retroflexion—
Uterine Suspension.
Intestinal Fistula—
Murphy Button.
Hemorrhoids—
Clamp and Cautery.
Retroversion—
Hysterorrhaphy.
Laceration of Cervix—
Trachelorrhaphy.
Lacerated Perineum—
Perineorrhaphy.
Endometritis—
Curettage.
Tumor of Breast—
Excision.
Carcinoma of Uterus—
Hysterectomy.
Hernia—
Bassini Operation.
Cataract (2 cases)—
Removal of Lens.
Pelvic Abscess—
Drainage.
Inguinal Adenitis—
Removal of Glands.
Spina Bifida—
Excision of Sac.
Pelvic Abscess—
Drainage.
Carcinoma of Uterus—
Vaginal Hysterectomy.
Laceration of Cervix—
Schroeder Operation.
Tubercular Glands of Neck—
Removal.
Laceration of Perineum—
Perineorrhaphy.
Epithelioma of Lip—
Excision.
Gallstones—
Cholelithotomy.
Appendicitis (2 cases)—
Appendectomy.
Fracture of Skull—
Trephine.
Appendicitis—
Drainage.
Fistula in Ano—
Operation.

More than 70 operations were performed at the Cook County Hospital during the same period, to which our students had access.

S. G. WEST, M. D., Secy.

The Chicago Clinic.

A HIGH-GRADE MONTHLY PERIODICAL DEVOTED
TO THE BEST INTERESTS OF THE
MEDICAL PROFESSION.

J. HOMER COULTER, M. D., Editor.

Brief news items, reports and papers of interest from any section of the country respectfully solicited.

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All matter pertaining to the editorial department should be addressed to DR. J. HOMER COULTER, 103 State St., Chicago.

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1007 Columbus Bldg., Chicago.

ON TO NASHVILLE.

From present indications the meeting of the Mississippi Valley Medical Association at Nashville in October promises to be one of the best in the history of this society. To those who have been fairly regular in attendance upon its meetings, nothing more in the nature of an invitation may be necessary.

We have been promised the usual reduced rates to the meeting by the passenger associations concerned, and more than usual interest is evident in the local committees, so that we can unreservedly advise and even urge all our readers to make their plans with a view to a trip to Nashville at that time.

It has been proposed that we rendezvous at Louisville, and make the trip from that point on a special train. This would enable us to visit Mammoth Cave on the way down, and also be in good time for the opening of the meeting on Tuesday morning. All who were fortunate enough to

have attended the meeting held at Hot Springs, Ark., in 1894, will appreciate the force of the suggestion, and we believe will indorse it as feasible. This is directly on the route of those coming from Ohio cities, St. Louis, Indianapolis, Detroit and Chicago, and from correspondence with a number of the older members in these cities, we feel confident that the idea will be indorsed very generally.

Nashville at that season of the year has passed the hot period, and along with the generous hospitality which characterizes this even more than the ordinary Southern city we are assured a most excellent program of scientific papers. So throw aside the worry and work for a few days, take your wife along, and you will live longer and happier for it.

C.

DR. WILLIAM PEPPER.

One of the brightest lights of modern medicine has gone out. Distinguished as a physician, even more noted as an educator and a public-spirited man, he has ceased from his labors, having passed beyond, at Pleasanton, Cal., on July 28, whither he had journeyed in search of rest and recuperation. Few men accomplish in a life of less than fifty-five years so much as did Dr. Pepper. Space prevents us giving an extended and detailed account of his busy years, but in those years he made history—history not more of himself than for his beloved city, and for its educational institutions.

To the medical profession he was perhaps best known as the Professor of Medicine in the Medical Department of the University, as well as by his numerous and valuable contributions to the medical liter-

ature of his period. Perhaps no authority in medicine is quoted more frequently, or with more assurance, than is the subject of this sketch.

His contributions of money, time, influence and energy to the University in the past ten years have been generous almost to extravagance; most marked of all was the donation of the William Pepper Laboratory of Clinical Medicine as a monument to the memory of his father.

Much might be said of his work and personal efforts in establishing the Free Library of Philadelphia; of his interest in the Commercial Museum; of his Archeological Expeditions; of his connection with the Pan-American Medical Congress, and a dozen other enterprises with which he was more or less intimately associated.

The "Philadelphia Medical Journal," with which he was associated as trustee, in closing a brief history of his life, says:

"In the death of Dr. Pepper the city has lost a most public-spirited citizen, the medical profession a most distinguished representative, the cause of education and art a most liberal and generous patron and advocate, and the University of Pennsylvania a loyal, sincere and self-sacrificing friend."

C.

THE RED CROSS IN CUBA.

Along with the honor and preferment which are due and being given our brave soldiers and sailors for their work in Cuba during the past few months, there should not be forgotten that quite as deserving organization—the Red Cross. A mention of or reference to this society, however, brings to mind but a single name to the

ordinary reader, that is, of course, Miss Clara Barton. We doubt if there is another individual in all the multitude who have been "in this war for glory and humanity" who has deservedly won more honor for self and for the cause represented, than has this modest, philanthropic, heroic, noble woman at the head of the Red Cross.

It is most unfortunate that there should have occurred anything to mar the unanimous encomiums of an admiring American public, along with the liberated Cuban and the defeated Spaniard as well. From the press reports we are led to presume that there was some friction between the Red Cross and the army service; the latter authority having been led to feel that their prerogatives were being infringed upon by the agents of the former in certain particular instances. Not being in possession of all the facts in the case, we are unable to judge whether it was a case of the Army Medical Department undertaking a reproduction of the "Sampson-Schley" farce-comedy, with slight changes of management, or an over-zealous ambition on the part of the Red Cross workers to quickly relieve some suffering one in or out of the army, without the necessity of going through the ubiquitous and sometimes apparently nonsensical red tape of army regulations.

In addition to this we now have presented the ludicrous spectacle of one branch of the national government feeling compelled to enter the medical and secular press in order to protect itself against the results of the performance of a self-imposed duty by a philanthropic organization. To most unbiased minds it is very much of a

question whether they have succeeded in establishing the fact in any particular that the Red Cross has overstepped its prerogative or the rights demanded by the dictates of humanity in any instance of importance.

It may be that there was an elimination of all politics in the workings of the department, but if so, then the system is woefully at fault, and no one knows it any better than those suffering and dying soldiers who were compelled to forego the relief which should have been at hand, and which, if reports be true, the absence of which was indeed too often fatal to noble lives, unless by good fortune or a kindly Divinity one of the Red Cross angels was guided in the way of the sufferer. For their action was not webbed and counter-crossed and tied up with governmental red tape, and we have as yet seen no report accusing them of being either lax or ungenerous in the least degree.

It consequently scarcely becomes the department or any of its representatives to attempt to belittle the credit due the Red Cross, through its eminent leader, by reference to her indorsement of "Equipoise;" however questionable her judgment in the matter mentioned may have been. If the credits of the medical department in the war are to be decided in the minds of the people or the profession, we suggest that the "mudslinging" tactics recently appearing in some of the prominent medical weeklies in a poor means of gaining credit, for the slinger is very apt to get his own hands more or less besmirched in the process.

C.

The fund for the Jenner memorial now amounts to the very creditable sum of \$50,000.

ITEMS.

Some scientists assert that the purest air in cities is found about twenty-five feet above the street surface.

Emperor William has donated 10,000 marks to the Red Cross Society for the benefit of wounded Spanish and American soldiers.

Prof. Wm. Osler succeeds Prof. Wm. Welch in the Deanship of Johns Hopkins Medical School with the opening of the school year.

The medical profession is honored by the appointment of Dr. Leonard Wood, commander of the Rough Riders, as military governor of Santiago.

Professor Albert's Rule in regard to mutilating operations on either male or female: "Castrate your neighbor only as ye would that others should castrate you."

Damages for mental anguish, independent of and unaccompanied by physical injury of any kind, are denied, in *Peay vs. Western Union Telegraph Company* (Ark.), 39 L. R. A. 463.

A Clinical Chair of Syphilology and Cutaneous Medicine has been established in the school of medicine and pharmacy at Algiers, and Dr. Geny is to take charge of the course during the academic year of 1898-99.

The uneducated people of Japan are full of superstition, especially about sickness and death. If they have, for example, anything the matter with the ear they make a wax model of an ear, put it up in the temple and pray to it.

Dr. L. S. McMurtry has been elected president of the faculties of the Hospital Medical College and the Louisville College of Dentistry, vice Dr. John A. Larrabee, deceased. Dr. McMurtry is professor of gynecology and abdominal surgery in the first named college and is everywhere recognized as one of the foremost abdominal operators. The choice is certainly a wise and fortunate one.

A new medicine cabinet has numbered pockets for the reception of bottles, with dials to indicate the number of the bottle to be used next, and an alarm clock to indicate the hour, drawers being provided for powders and pills.

New Polyclinic for Eye Diseases at the Berlin Charité.—Prof. Dr. Greef has been made director of the department for diseases of the eye at the Charité of Berlin, and a new polyclinic (out-patient department) is to be opened under his supervision.

The remedy for criminal abortion is in home influence and the press. The law is a dead letter, as it is impossible to enforce it, owing to lack of witnesses and inability to fix the responsibility. The newspapers contain accounts of arrests, but no convictions.

After a long, successful and honorable career as a publisher, Mr. Presley Blakiston, of Philadelphia, died on May 21, at the unusual age of 85. The well-known publishing house of P. Blakiston, Son & Co., which he founded, will hereafter have the name P. Blakiston's Son & Co.

Repeating prescriptions causes much trouble in many sections of the country. In India few doctors hand the prescriptions to the patient. The document is sent directly to the druggist, who never thinks of refilling it for a customer unless so ordered by the prescriber.—Phil. Med. Jour.

The house surgeon of a London hospital was attending to the injuries of a poor woman whose arm had been severely bitten. As he was dressing the wound he said: "I cannot make out what sort of a creature bit you. This is too small for a horse's bite and too large for a dog's." "Oh, sir," replied the patient, "it wasn't an animal, it was another lady."

Typhoid fever has become epidemic at Camp Alger. From fifteen to thirty new cases are enrolled on the hospital list daily. There are also many cases of malaria, of remitting and intermittent type. The sick are receiving the best of attention, for Uncle Sam and the National Relief Association are supplying every need for the care and comfort of the sick soldiers.

A Yellow Fever Syndicate.—It is reported that Sanarelli, the discoverer of the alleged bacillus of yellow fever and originator of an antitoxin serum for the cure of the disease, has sold the rights of manufacture of the latter to a firm in Montevideo for \$30,000 and a royalty on all sales.

The attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears on page ii of this issue. This house is one of long standing and enjoys a reputation of the highest character. The preparations referred to we commend specially to the notice of practitioners.

Dr. von Rokitsansky of Gratz, who has just died, was a son of the celebrated Viennese professor, Rokitsansky. The latter had four sons, of whom two devoted themselves to medicine, while the other two became singers, and the old man used to say, when asked what their professions were: "Zwei heulen und zwei heilen"—"Two are howlers and two are healers."

Secretary Alger has approved a recommendation of the Surgeon-General of the Army that physicians appointed by a governor of a state to fill vacancies in regiments should be examined by a board of three physicians appointed by the governor, and without expense to the United States. The certificate of this board that the candidate has passed a satisfactory physical and professional examination will be accepted by the War Department as evidence of his fitness for the place.—Ind. Med. Jour.

Another hospital ship is fitting out for the use of the army. The former Atlantic Transport Line steamer Missouri, now at pier No. 19, East River, New York, has been selected for this service. The work was begun before the Missouri left Philadelphia a few days ago, when seventy men were placed on board of her and the work was continued throughout her trip to New York. The men, with an additional force, will work night and day until the ship is made ready for this important duty. When the changes are completed she will be able to carry 600 wounded men and her equipment will be of the latest design.—Buffalo Med. Jour.

The osteopaths have won their fight in Iowa. Governor Shaw has signed the bill giving them the right to practice in that state. This is said to be the tenth defeat to scientific medicine in the United States which this so-called school has accomplished. Vermont, North Dakota, South Dakota, Missouri, Illinois, Michigan, Colorado, North Carolina and Kentucky osteopaths claim as theirs by right of conquest, and they are pushing ahead with vigor, trying to get every other state in the Union to destroy existing medical laws.

Tannin precipitates antipyrin in the form of a tannate. Calomel combines with antipyrin to form a very poisonous organic mercurial combination. Antipyrin and carbolic acid also form a combination which forbids their being prescribed together, as is also the case with antipyrin and substances which contain nitric acid, such as amyl or ethyl nitrite. If antipyrin and sodium salicylate are mixed in a powdered form they combine into a gelatinous mass, but they do not affect each other in solutions.—Vienna Klin. Rundschau.

Behring has secured a patent from the United States on a sweeping basis for the manufacture of diphtheria antitoxin. On this patent he has attempted to prevent the production of diphtheria antitoxin by others than himself in this country. We have presented the unfortunate spectacle of an eminent scientist seeking to gild his reputation, not at home, but at the expense of the "Yankee Nation," and in contravention of the time-honored edicts of professional standards. It is understood that Parke, Davis & Co. of Detroit have undertaken to fight this monopoly and will question the patent in the courts. It is likely that Behring, in pursuance of a policy that would do justice to the inventor of a new coffee strainer, will threaten those using antitoxin preparations of other origin than from his laboratories, but the firm mentioned promises to protect, at any cost, those who become liable under the unjust patent that has been granted. It may be well in passing to call attention to the fact that there is grave doubt as to any originality in Behring's work. At most it is the outgrowth of the studies and investigations of other scientists.—Recorder.

The Fight Against Tuberculosis in Holland.—The committee of physicians and professors that took the initiative in this movement in Holland has rapidly increased its numbers by the addition as members of influential men from all circles of society, forming a central committee. It has been decided to erect two people's sanitariums, one on the coast and another in the interior. The money for this purpose is being collected by sub-committees, which have already been organized in all the towns. Aid is hoped for from the Government also.—Phil. Med. Jour.

Dr. Guitéras Prostrated.—It is reported that owing to the excessive labors forced upon him on account of the campaign in Cuba, Dr. John Guitéras has been prostrated with fever and overwork. He reported 250 cases of yellow fever in the hospital at Siboney on July 16, and up to that time there had only been five deaths from that cause, thus proving the mildness of that disease. In the epidemic of yellow fever last year in the South, Dr. Guitéras also attributed the low death rate to the fact that, owing to a better understanding of that disease and of its symptoms than was formerly the case, many cases were recognized earlier and consequently received appropriate treatment before alarming complications arose, thus reducing the mortality.

There are to-day 5,526 more certified lunatics in England than there were two years ago. One should not forget that it has been officially pointed out that the recent apparent increase in the number of lunatics is accounted for by greater strictness of regulation, leading to larger numbers of patients being drawn into the commissioners' net. The meaning of the figure will be more clearly realized when it is pointed out that as there are 102,000 persons (in England and Wales only) who are officially certified to be insane, more than 5 per cent. has been added to their number in the last two years. There is now one lunatic to every 308 sane people, which must strike one as a dreadfully large proportion, and really does suggest that there is something in the notion that the rush and worry of modern life are peculiarly favorable to the production of insanity.

MODERN THERAPY.

INTESTINAL ANTISEPSIS IN FEVERS.

Though the Typhoid, Malarial and Yellow Fever epidemics in Cuba have not yet reached this country, it is well to guard against them by taking precautionary measures. If it be true that the materies morbi of these diseases belong to the bacillus group, the remedies manifestly are an antiseptic and an antipyretic. As an intestinal antiseptic we have nothing better than Salol. The consensus of opinion is in this direction. When we add the antipyretic and anodyne effects of Antikamnia, we have a happy blending of two valuable remedies, and these cannot be given in a better or more convenient form than is offered in "Antikamnia and Salol Tablets," each tablet containing $2\frac{1}{2}$ grains Antikamnia and $2\frac{1}{2}$ grains Salol. The average adult dose is two tablets. Always crush tablets before administering, as it assures more rapid assimilation. It is not our desire to go into the study of bacteriology here; our aim is simply to call attention to the necessity of intestinal antiseptics in the treatment of this class of diseases. If in the treatment of these diseases an intestinal antiseptic is indicated, would not the scientific treatment of the conditions preceding them be the administration of the same remedies? Fortifying the system against attacks is the best preventive of them.

EXCURSION RATES VIA UNION PACIFIC RAILROAD.

If you contemplate a trip West bear in mind Homeseekers' Excursion dates are next Tuesday, Aug. 2nd, Aug. 16th, Sept. 6th and 20th, Oct. 4th and 18th, Nov. 1st and 15th, and Dec. 6th and 20th, one fare for the round trip plus \$2.00 from Chicago or territory up to Missouri River, to points in Kansas, Nebraska, Colorado, Wyoming, Utah and Idaho.

Tickets will be good 21 days from date of sale and can be routed via Omaha or Kansas City. Stop over privileges will be granted in Homeseekers' territory. These tickets are first class and good on all trains.

Through car service from Chicago to

Denver, Salt Lake City, San Francisco, Portland and intermediate points. Trains are equipped with Pullman palace sleepers, Pullman tourist sleepers, free reclining chair cars, buffet library and smoking cars, and dining cars, where meals are served a la carte.

Ask for tickets via Union Pacific Railroad. For information address W. T. Holby, General Agent, No. 206 S. Clark street, Chicago, or E. L. Lomax, G. P. & T. A., U. P. R. R., Omaha, Neb.

TYPHOID FEVER.

In typhoid, as well as in other febrile conditions, clinical experience has clearly demonstrated that Kryofine is an invaluable remedial agent. It accomplishes the same effects as the bath, with the additional advantage of being conveniently used at all times. Its action is never unpleasant to the patient and does not expose to the dangers of exertion or of moving the patient. It does not shock or depress and needs no stimulant, no friction to counteract unpleasant sequelæ. The patient's nervous energy is not wasted, but on the contrary the drug exerts a marked general tonic influence under which there is a disappearance of dirotism, of subsultus, a clearing of the intellect and lessening of delirium. Insomnia is lessened or relieved. Each dose produces marked euphoria.

In therapeutic doses Kryofine is prompt, safe, powerful, reliable, applicable in all cases and in patients of any age. It is not a panacea, nor advised for routine use, but is highly commended to every capable physician as a drug eminently worthy of its high position in our materia medica.

Dose, 4-7 $\frac{1}{2}$ grains.

FEMALE DISEASES.

Without considering the reasons for the great prevalence of vaginal, uterine and ovarian troubles, summed up in the phrase "Female Diseases," the fact cannot be denied that most American women are so afflicted, and every general practitioner, to say nothing of physicians who devote themselves to the treatment of these complaints, will bear witness to the truth of this statement.

In general practice scarcely a day passes in which the physician is not consulted by nervous, hysterical or anemic females,

seeking relief for conditions superinduced by pelvic disorders. As a usual thing the direct cause is remote and hence cannot readily be determined by the physician, who is, however, desirous of aiding the patient as promptly as possible.

How to do this without surgical interference, and in the case of young girls without submitting them to digital examination, is the problem presented.

We make no exaggerated claims when we state that the concurrent testimony of hundreds of physicians, many of wide experience in this class of ailments, goes to demonstrate that in Ponca Compound (presented only in tablet form) the practitioner has a definite remedy of the most potent and beneficial character, which will produce satisfactory results in all cases amenable to internal treatment.

FOOD AND TEETH.

George W. Williams, D. D. S., of Richmond, Indiana, one of the leading dentists of that state and a popular writer on dental subjects, in a recent article says: "Many of the prepared foods sold for children are destitute of the qualities necessary to form sound and painless bones and teeth, and there is a great difference in growing up with fine grained, well glazed teeth in comparison with having the brittle, chalky teeth we commonly see. Diet is of the first importance in promoting the up-building of the bony system, and incidentally we would state that as a food for this purpose there is nothing that will equal 'IMPERIAL GRANUM.' It is a pure, unsweetened food, made from the most nutritious portions of the finest growths of wheat. No derogatory word has ever been uttered by the medical or dental professions against IMPERIAL GRANUM and its bone-building qualities. Perhaps the most important period in childhood is when the first set of teeth are erupting. It has been calculated that one child in ten has its life destroyed in consequence of diseases which have their origin at this time. Thus it is evident that children should be watchfully cared for, and I believe that besides those who die from diseases readily traced to irritation during the eruption of the first teeth, a number are the victims of diseases superinduced by general neglect of the mouth and the consequent tooth decay and improper mastication of food."

SANMETTO IN URETHRAL AND BLADDER DISEASES, IN PRE-SENILITY AND ENLARGED PROSTATE.

In nearly thirty years' practice I have never written to the proprietors of any medicine extolling its virtues, but after some years' constant use of Sanmetto I can but say it is my sheet anchor in all urethral and bladder diseases. In pre-senility it has no equal. Have recently used it in two cases of enlarged prostate, with marked benefit in both cases.

GEORGE E. GILPIN, M. D.,
Berkeley Springs, W. Va.

CAMPHO-PHENIQUE AT THE FRONT.

Camp George H. Thomas,
Chickamauga Park, Ga., June 18, 1898.
Phenique Chemical Co., St. Louis, Mo.

Gentlemen:—It is a pleasure for us to write you of the results obtained from the use of powdered and liquid Campho-Phenique. The liquid we use exclusively as a local application in the treatment of oak and ivy poisons, and find it excellent in relieving the intense burning and itching peculiar to that form of skin eruption. The powder is very useful as a dry dressing in all wounds where that form of dressing is desired. Campho-Phenique, both powder and liquid, has healing properties peculiar to itself. It is an antiseptic preparation of great value and usefulness.

Very truly,

Robt. M. Cowan, Chief Steward,
Edwin E. Churchill, Hospital Steward,
George H. Trader, Hospital Steward,
Chas. H. Stearns, Asst. Surg.,
2d Reg. Mo., U. S. A. Vol.

SYPHILIS.

When a patient presents himself for treatment he should be placed upon the following recipe (which fully meets all indications) until the symptoms disappear, his appetite is improved and a general feeling of vigor and activity exists:

℞ Hydrarg. bichlor. 2 grains.
Iodia 6 ounces.

M. Sig.—One teaspoonful after each meal.

Iodia is prepared by Battle & Co., St. Louis, and contains extracts from the green

roots of stillingia, helonia, saxifraga and menispermum. Each fluid drachm also contains five grains iod. potass. and three grains phosphate of iron. The tendency of the profession is too much toward discarding everything but mercury. I have often seen mercury alone, or combined with iod. potass., fail to heal secondary ulcerations which speedily disappear when combined with vegetable alteratives. It is, therefore, best to have the good effects of the only three reliable remedies at once, viz., mercury, iodide and vegetable alteratives (which is obtained in the above prescription). Lectures on venereal diseases, by W. F. Glenn, M. D., Clinical Professor of Genito-Urinary and Venereal Diseases, Medical Department Vanderbilt University.—Southern Practitioner, May 1898.

MARION-SIMS.

The Marion-Sims College of Medicine has greatly increased its facilities for laboratory instruction. The course now comprises the following: Anatomy, Histology, Pathology, Pathological Anatomy, Pathological Chemistry, Clinical Microscopy, Physiology, Inorganic and Organic Chemistry.

During the past session the following specimens from recent autopsies were demonstrated before the class: Kidney disease, 49 cases; splenic disease, 19; liver disease, 42 cases; heart and vessel disease, 55 cases; lung disease, 40 cases; diseases of other organs, 44 cases.

CAMPHO-PHENIQUE.

"This preparation commends itself to the medical profession for the following reasons:

"1. Because it is the result of scientific experimentation by scientific men.

"2. Because the tests as to its efficiency as a germicide were conducted in a scientific manner by scientific chemists and bacteriologists.

"3. Because the preparation was introduced to the medical profession in a proper, ethical manner, and without exaggerated claims and unprofessional horn-blowing in the journals and newspapers.

A. C. BERNARS,
A. M., M. D., M. R. C. S.

SANMETTO IN GENITO-URINARY DISEASES.

I have used Sanmetto in my practice for the last five years and find it has no equal in diseases of the prostatic portion of the urethra, in pre-senility, in that peculiar condition existing in anæmic and chlorotic girls just entering womanhood, and all abnormal conditions of the reproductive organs, in either sex, depending on a debilitated condition of the general system. Sanmetto has never failed me in senile prostatitis, or enlargement of the prostate gland in aged men.

J. L. SMITH, M. D.

Durand, Mich.

For the untrained eye the microscope is little better than a toy, and it may even be regarded as a dangerous instrument, because of the inevitable mistakes which the novice will make if he undertakes to decide questions of diagnosis by the use of high-power oil-immersion objectives without having had the necessary training for such delicate work. In blood examinations especially, considerable experience is necessary in order to give value to the evidence afforded by a microscopical investigation. It is a very easy thing for the non-expert to overlook the malarial parasite, and still easier to mistake vacuoles in the corpuscles, deformed red corpuscles, etc., for parasite elements.—Amer. Micro. Jour.

Imperial Granum has won the confidence of physicians because many years of clinical experience have proved it to be a form of nourishment that is acceptable to the palate and to the most delicate digestion at all periods of life.

It is successful, not only as an aliment for children, but its rare nutritive excellence in inanition due to mal-assimilation, chronic, gastric, and enteric diseases, has been incontestably proven; often in instances of consultation over patients whose digestive organs were reduced to such a low and sensitive condition that the Imperial Granum was the only nourishment the stomach would tolerate, when life seemed depending on its retention.



FRANCIS R. SHERWOOD, M. D.

THE CHICAGO CLINIC

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ELEVENTH YEAR.

SEPTEMBER, 1898.

Congenital Deformities of the Hands.

By FRANCIS R. SHERWOOD, M. D., Chicago, Professor of Anatomy in the College of Physicians and Surgeons; Professor of Surgery in the Chicago Clinical School.

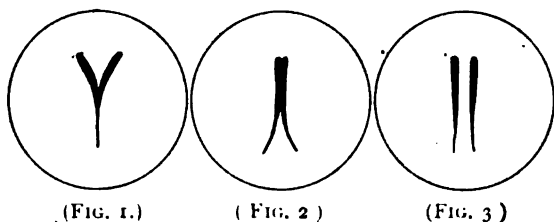
Introductory.—Anomalies of the hand are not an infrequent occurrence. The variety of the deviations from the normal are very great, from that of a double hand, as reported by Gerald and others, or one with supernumerary digits, or cleft hand, as operated on and reported by C. N. Dowd (*Annals of Surgery*, 1896), or with suppression of digits, and so on down to congenital absence of the hand. Perhaps the most frequent congenital deformity of the hand is that of supernumerary digits. The writer attended school with a family in which there were supernumerary digits of the hands and feet in both males and females in two generations. Some of the children were normal. The father of one of the families had a cleft palate without any deformity of the hands. These cases have never been recorded. Those who possess the deformities, as well as the parents, are always more or less sensitive about advertising them; consequently no doubt the greater number of them never reach the medical literature. Most of the supernumerary digits are removed during childhood and many of the most unsightly defects of the hands are corrected at an early period. Many cases of congenital deformities are never known, even by the family physician, unless discovered by accident or a special examination of the part becomes necessary as a result of a diseased condition.

The writer was the physician of a family for four years and on the delivery of the first child discovered a defect of the foot. It was then found out that the same defect was present in the mother, aunt, uncle and the grandfather.

A review of our present understanding of the etiology of congenital malformations: One of the most interesting questions in connection with congenital malformations

is that of their causation. In early times witchcraft, demonology and copulation with the devil or lower animals was held responsible for the causation of monstrosities and malformations. Human deformities were supposed to show the displeasure of the gods, and when occurring in animals they were thought to portend dire calamities. Bichat was the first who recognized the true causes of malformations and placed them on a scientific foundation when he associated them with embryogenesis. Many physicians, from whom more rational views ought to be expected, and the majority of the laity still look upon maternal impressions as the principal cause of malformations. This view is not only wrong, but it is an injury to the comfort and well-being of many mothers, who live in constant dread and fear during the period of gestation, lest they behold some hideous object which will leave its imprint on their offspring. There is not a single argument, which has for its foundation a scientific basis, in favor of the fact that maternal impressions or mental emotions cause birth-marks or malformations of any kind. Anomalies occur among the lower animals and in the vegetable kingdom which have their counterpart in human deformities, but no one, for a moment, thinks that these are due to maternal impressions. All of these anomalies can be explained from an embryological standpoint. To fully understand the causes of deformities of the hand, it will be well to examine the causes of the more striking malformations of the body. The experimental studies of Allen Thompson, Wolff, Von Baer and Reichert on the development of monsters in the chick embryo have demonstrated that they occur from the fecundation and abnormal development of a single Graafian follicle and not, as many have supposed, from the fecundation and fusion of a double Graafian follicle.

Dr. George Jackson Fisher, in the *Handbook of the Medical Sciences*, very plainly illustrates the formation of some of these monstrosities by the following cuts:



No. 1 represents an embryo with a cleft in the cephalic extremity of the primitive trace, which accounts for the development from a single embryo of two heads on one body.

No. 2 represents a cleft in the caudal extremity of the primitive trace, which accounts for the development of two bodies from a single embryo with one head.

No. 3 represents two separate and distinct primitive traces on the same embryo from which a double monster may be developed, as in the case of the Siamese twins.

It was observed by the above experimenters that the closer the primitive traces were located to each other, on the chick embryo, the more intimate was the blending of their bodies. The deeper the dicotomy or the division of the cephalic or caudal extremities of the primitive traces, the more marked was the individual development of the heads or the lower portion of the bodies; the less marked the dicotomy, the greater was the effusion of the parts in the future process of the development. It has been found from the dissection of monsters that the corresponding parts of the body unite with each other with the same regularity with which we find the two halves of a body uniting. Corresponding muscles, organs or bones, as well as relative portions of the head, chest or abdomen, were found united with each other. This shows that these parts are developed in unison just the same as the two halves of a body.

"A strong tendency exists in the animal and vegetable kingdom for parts ending in free extremities to bifurcate or dicotomize."

—J. Bland Sutton. The extremities grow from the axial part of the trunk, and if any one of them is affected by dicotomy, a double limb is developed just as in dicotomy of a portion of the body. If dicotomy only affects a portion of the distal extremity of the limb and it extends as far back as the carpal bones, a double hand is developed. Should it only affect one of the

fingers, we get a development of a supernumerary finger. Instances of congenital deformities are not wanting where it is plain that there has been a suppression in the development of some of the parts, even after normal development had progressed for some time; so that we get imperfectly formed parts, or we may have a complete suppression of development of a portion of the body from the beginning, so as to cause an entire absence of parts. "Dicotomy occurs in the limbs of many vertebrata from the lowest to the highest, and is the chief cause of supernumerary fingers and toes." (Evolution and Disease, J. Bland Sutton.) In place of involving the fingers it may involve the body of the hand, producing a rare deformity called cleft hand. C. N. Dowd (Annals of Surgery, August, 1896), considers the causes of these deformities conjectural, but thinks them probably due to mechanical effects on the hand of amniotic adhesions.

While this might be a plausible explanation of the cleft, it does not explain the fusion of the fourth and fifth metacarpal bones which exists in Dowd's case, as shown by the X-ray. No doubt the cleft is a developmental aberration as free from mechanical causes as is the fusion of the metacarpal bones.

Heredity.—Many congenital malformations are transmitted by heredity; many cases have no hereditary taint. In the case reported below the possessor of the deformity has two perfect children, and there is no trace of malformation in any of the relatives for one hundred years back, which is as far as they can be traced.

In Gould's Anomalies there is related an instance of a very numerous tribe of twenty-four fingered people in Arabia. Marriage was confined to the tribe. So strong was their belief in hereditary transmission that an infant born with a normal number of digits was sacrificed as being the offspring of adultery. These deformities may again disappear by intermarriage with normal individuals. When a deformity is once produced by some aberration in development or pathogenic influence on the embryo, it has a tendency to follow the law of nature that like produces like under the same influences.

Suppression of Digits.—Gould has collected a few of the cases reported: Maygrier's case of a woman with one finger

on each hand and two toes on each foot. Her two children had exactly the same deformity. Her mother was perfect, but her father had only one toe. Kohler's case of suppression and deformity. Two professional dime museum cases, one with two, and the other with one digit on each hand. This list, of course, is not complete. The occurrence of suppression is much more rare than that of supernumerary digits.



(FIG. 4.)

Report of a case of the suppression of two digits and the presence of a supernumerary thumb on each hand.

Fig. 4 is a reproduction of a photograph of the palmar and dorsal aspect of the right and left hands respectively, showing the appearance of the deformity. Male, aged 30; Chicago; weight about 130 pounds; height about 5 feet 5 inches. The hands are very useful and enable the man to do any kind of light work. There is a retardation of development of the lower half of the forearms. The styloid processes of the ulnæ are not well developed. Figs. 5 and 6.

The muscular development of the arms is more than that of an ordinary individual. The deltoid is as well developed and stands

out as prominently as that of a Sandow. The humeri are of the same length—12 inches. The left forearm is one and a half inches shorter than the right, with incomplete extension at the elbow. The two thumbs on the left hand are webbed almost to their tips, but they make quite a useful member. Figs. 4 and 6. The nails are separate from each other. By reference to the X-ray (Fig. 6), it will be seen that the phalanges are also separate and that they articulate with an irregularly elongated mass of bone which represents the fusion of two metacarpal bones. This fused bone articulates with a fused trapezium and trapezoid. The metacarpal for the index finger articulates partially with the fused trapezium and trapezoid, but principally with the fused os magnum and unciform. The ring and little fingers are suppressed on both hands. The right thumb, as can be seen by reference to Figs. 4 and 5, stands at almost a right angle to the long



(FIG. 5.)

axis of the hand. It can readily be seen (Fig. 5) that the articular surfaces are not in their normal relation to each other,

which is due to a dislocation of sixteen years' standing as the result of playing ball. The supernumerary thumb on the right hand is a useless member and could be removed without in any way weakening the hand, and with very great im-



(Fig. 6)

provement in its appearance. The dicotomy has originally extended, no doubt, entirely through the phalangeal and metacarpal bones of the right thumb, but ossification has taken place in the articulation at the base of the metacarpals, as can be seen by the streak in the X-ray (Fig. 5), which marks the location of their ossification. The phalanges of the right supernumerary thumb stand at a right angle to the metacarpal bone, probably due to the contraction of the tissues forming its web. By comparing the length of the fingers (Figs. 4, 5 and 6), they might be considered to be the middle and ring fingers with a suppression of the index and little finger, but the

difference in length is more likely due to a retardation of development of the middle fingers.

There are some good reasons for believing that this is not a case of supernumerary thumbs, but merely one of suppression and retardation of the development of digits. It might be regarded as being a case of suppression of the little finger on each hand with suppression of one phalanx of each index finger and retardation of development of the thumbs. The arguments in favor of this view are:

1. The carpo-metacarpal articulations. By referring to the X-ray (Fig. 7) of the normal hand, it can be seen that the proximal extremity of the metacarpal bone of the thumb articulates with one carpal bone, the trapezium and the metacarpal of the index finger. The second metacarpal articulates partially with the trapezium, but principally with the trapezoid. The third metacarpal articulates with the os mag-



(FIG. 7.)

num, while the fourth metacarpal articulates with the os magnum and unciform; the fifth with the unciform and the fourth metacarpal. The metacarpal bones also articulate with each other. By referring

to the X-ray of the deformed right hand (Fig. 5), it can be seen that the metacarpal of the supernumerary thumb articulates with the trapezium and its contiguous metacarpal; the second articulates with the trapezium and trapezoid, as does the index finger of the normal hand; the third metacarpal articulates with the os magnum, as does the middle metacarpal of the normal hand, while the fourth metacarpal articulates with the os magnum and unciform, as does the ring finger of the normal hand. These points of similarity between the metacarpo-carpal articulations are not so marked in the left hand, as will be seen by referring to the X-ray (Fig. 6), and the X-ray of the normal hand (Fig. 7). Fig. 6 shows that there has probably been a fusion between the trapezium and trapezoid and the os magnum and unciform, semilunar and cuneiform, with suppression of the pisiform.

2. The length of the metacarpal of the right thumb resembles the metacarpal of the index finger.

3. Before dislocation of the right thumb it stood parallel to the other fingers instead of at an angle with them, as the thumb normally does.

4. The relative length of the two fingers. In the normal hand the metacarpal bone of the middle is longer than that of the ring finger (Fig. 7).

5. On the palmar aspect at the distal joint of the right thumb the folds are multiple, as can be seen by referring to Fig. 4. This is the normal condition of the first interphalangeal joints of all the fingers, while at the distal joints of the fingers as well as at both joints of the thumb the folds are single.

Finally, irregular dicotomy resulting in supernumerary digits is relatively frequent; suppression of fingers and fusion of bones are also frequent, while the suppression of one phalanx with the normal presence of the other two is exceedingly rare. This fact alone would throw the burden of proof on those who contend that this digit is a finger.

Summary of the points of interest in above case:

1. The occurrence of two separate and distinct processes of development in the same case; suppression and supernumerary formation.

2. Suppression of two fingers and the

development of one supernumerary thumb on each hand.

3. The marked muscular development of the arms of a subject doing light work.

4. Retardation of development in the lower half of the forearms.

5. Fusion of the carpal bones. There are four carpal bones on the left and seven on the right side.

6. Complete fusion of the left metacarpal bones of the thumbs with ossification of the articular processes of the metacarpal bones of the right thumbs at their proximal extremity.

7. The abnormal length of the metacarpal bone of the right thumb.

8. Dislocation of the metacarpo-phalangeal articulation of the right thumb, not congenital.

9. Relation of the phalanges to the metacarpal bone of right supernumerary thumb, congenital.

10. The multiple creasing on the palmar aspect of the distal joint of the right thumb.



For the following data concerning another interesting case of a somewhat similar character, I am indebted to my friends, Dr. Hoelscher and Dr. Oswald. The illustrations show the excellent result obtained from the operation by Dr. Oswald.

(Notes by Dr. Oswald.)

The subject of this brief description was an exceedingly precocious girl of ten years, referred to me by Dr. J. H. Hoelscher with the accompanying skiagraph, one of the early successful attempts in the Roentgen laboratory of Dr. O. L. Schmidt. The child was the youngest of a large family, and no instances of similar developmental defects existed in any other member of the present generation, and no knowledge of remote heredity could be obtained. The child was in all other respects perfectly modeled.



An inspection of the skiagraph shows a condition of syndactylism of the first and second fingers, extending to a point opposite the second phalangeal articulation, the first finger somewhat poorly developed and of a clawlike appearance. The middle and ring fingers are quite well developed and the small finger, with the corresponding metacarpus entirely absent.

There is also observed a curving and thickening of the metacarpus of the first finger at its carpal extremity, and a triangular hyper development of the metacarpal bone of the thumb in consequence of

which the thumb could not be approximated to the first finger.

This condition constituted the principal impediment to the usefulness of the hand, and an incision was made on the dorsal surface to the bone and a removal of a portion of the bone effected, enabling the thumb to approach the first finger. The web connecting the first and second fingers was divided by a dorsal and palmar flap, and after prompt healing of the wounds thus made, massage and constant effort on the part of the patient soon enabled her to secure a useful member. She was able a short time after to pick up a pin with the thumb and first finger.



A second skiagraph, taken after the operation, shows the appearance of the bone after a portion had been removed. This case, besides its interesting features from a morphological view, illustrates very forcibly the great value of the Roentgen ray in determining the exact surgical measures necessary to remedy defects of this character.

Carcinoma of the Stomach.

By CHARLES DAVISON, M. D., Professor of Surgery in the Chicago Clinical School, Attending Surgeon to Cook County Hospital and the West Side Hospital of Chicago.

(A Clinic at Cook County Hospital, August 20, 1898.)

Gentlemen:—The patient before us is a colored man, 51 years of age, American-born; occupation, waiter. He has been a steady drinker of alcoholics for 30 years.

Three years ago he began to suffer from attacks of vomiting nearly every morning, requiring several drinks of whisky before relief. He dates the beginning of his present illness at five months ago, when he began to have a continuous dull gnawing pain in the epigastric region, and irregular, sharp, lancinating pains, darting through to back. Ingestion of food increased the continuous pain, but seemed to have no effect on the intermittent pain. Whisky would usually relieve the continuous pain.

Pain has gradually increased to the present time. Vomiting has steadily become more frequent, occurring in the morning before he would eat anything, and during the day without reference to meal time.

Vomiting occurred with little or no nausea. Appetite has gradually failed.

He is weak, anemic and emaciated. He has lost about fifty pounds in weight during the last five months.

Test meal shows food partly digested; hydrochloric acid absent; lactic acid present; stomach fluids blood stained. Previous to admission to the hospital the patient had not discovered a tumor, but now we are able to palpate a hard tumor in the center of the epigastric region.

I believe the patient to be suffering from cancer of the pyloric extremity of the stomach.

The differential diagnosis is between carcinoma of the pylorus and:

1. Gastric ulcer with infiltration and thickening of the stomach wall.
2. Aneurism of abdominal aorta.
3. Retroperitoneal tumor.
4. Tumor of the liver or gall bladder.
5. Carcinoma of the cardiac extremity of the stomach.
6. Carcinoma of the body of the stomach.

1. Gastric ulcer occurs more often in women than men.

Carcinoma of the stomach more often in men than women.

Gastric ulcer is a disease of early life, generally beginning before thirty years of age. Carcinoma of the stomach is a disease of late life, generally beginning after forty years of age.

This patient is a man fifty-one years old.

The pain of ulcer of the stomach is digestive, is excited by food, and is relieved by evacuation of the stomach.

It is increased by movements, eased by repose and not relieved by pressure.

The vomiting of gastric ulcer is irritative; it occurs at the climax of pain, which it relieves.

The vomiting of carcinoma of the pylorus is obstructive and fermentative.

It occurs at any time after eating and does not relieve the pain.

This patient vomits long after eating and emptying the stomach does not relieve the pain.

After thorough lavage of the stomach and a test meal, lactic acid is rarely or never found in gastric ulcer, but it is the rule in gastric cancer.

Under the same conditions hydrochloric acid is always present in ulcer, but is usually absent in cancer, unless the cancer is growing in an old ulcer.

Prolonged absence of hydrochloric acid and prolonged presence of lactic acid, with imperfect digestion, means atrophy of peptic glands and motor insufficiency of the stomach.

While this is not pathognomonic it is very suggestive of carcinoma of the pylorus.

After repeated test meals this patient has at every time shown stomach contents of imperfectly digested food, in a condition of lactic acid fermentation, and not containing hydrochloric acid.

2. Aneurism of the abdominal aorta is distinguished by the character of the pulsations.

In aneurism the pulsations are expansile in every direction.

Auscultation gives the characteristic bruit. In this case the tumor simply raises at each pulsation, and does not expand at the sides.

This shows that the pulsations are transmitted through the tumor. By putting this man on his hands and knees the tumor drops away from the aorta, and the tumor pulsations entirely stop while he remains in that position.

3. Pancreatic and other retroperitoneal

tumors are eliminated by the inflation of the stomach with gas or air.

In this patient, with inflation with gas, the tumor becomes more prominent and moves with the stomach, while if it were a retroperitoneal tumor of any kind it would be covered by the inflated stomach and would not be evident on palpation or percussion.

4. Tumors of the liver do not move with the stomach on inflation, but do move with the respiratory changes of the diaphragm.

Palpation and percussion show them to be continuous with the liver. Tumors of the gall bladder are intimately connected with the liver and move with it, and are usually of a characteristic pear shape.

5. In carcinoma at the cardiac extremity of the stomach, the food is vomited soon after swallowing from esophageal regurgitation.

The chemical condition of the vomited food shows that it has not been in the stomach, and that it has not been mixed with stomach fluids or been acted upon by stomach ferments. The test meal in the case of this patient was partly digested, showing that it must have passed into the stomach.

On auscultation the swallowing sounds of water would not be complete in obstruction from cancer of the cardiac extremity, while in this man the sounds are normal.

In cancer of the cardiac end of stomach the tumor would be well to the left; the stomach would be contracted, and it could not be easily dilated with air or gas. In this patient it is easily filled with gas, and the area of resonance is largely increased, showing that the stomach is dilated.

The tumor becomes more prominent and moves downward and to the right with the stomach as it expands. Palpation shows the tumor to be at the pyloric end of the stomach.

6. In carcinoma of the body of the stomach there would not be obstruction to the food current, until the disease had reached one of the orifices.

The treatment of such a condition as is here presented must be purely palliative. If it were ever indicated, the time for a pylorotomy has passed, it would be utterly impossible to completely excise this malignant growth so that it would not recur.

Our efforts should be directed to making the patient as comfortable as possible

until he dies from the inevitable ravages of the cancer.

The indications are:

1. To relieve pain.
2. To stop vomiting.
3. To stop fermentation.
4. To improve digestion.

The operation of gastro-enterostomy most nearly fulfills these indications by relieving the obstruction.

The small intestine is anastomosed to a healthy part of the stomach, side-tracking the diseased pylorus and allowing the stomach to empty itself into the intestine through an artificial opening.

The anastomosis may be made on the anterior or posterior surface of the stomach.

I prefer the posterior operation, because drainage is more complete; the opening being in the most dependent part of the organ.

With a large dilated stomach and the patient in bed on his back, as he is likely to be much of the remainder of his life, the contents of the stomach will drain out of the posterior opening without becoming stagnant in the stomach.

While with the anterior, and the patient on his back, the contents of a dilated stomach have to be expelled through the opening by a mechanism very similar to vomiting.

Anastomosis with the anterior wall of the stomach requires the small intestine to be twisted over the transverse colon, and if the loop should be too short, intestinal obstruction would be endangered at the crossing point.

The anastomosis can be accomplished by direct suture, or by any of the different mechanical aids or substitutes for intestinal suture. I prefer the Murphy button because of the rapidity and ease of application.

This patient is in an exhausted condition and can poorly stand a prolonged abdominal operation.

The patient's stomach has been well washed before he left the ward. He is now scrubbed and anesthetized and I will proceed to do a posterior gastro-enterostomy, using the Murphy button. I make the abdominal incision to the left of the tumor, using the tumor as my horizontal guide to the dilated stomach, and the outer border of the left rectus muscle for my line of incision.



(FIG. 1.)

(Fig. 1 shows line of incision after healing.)

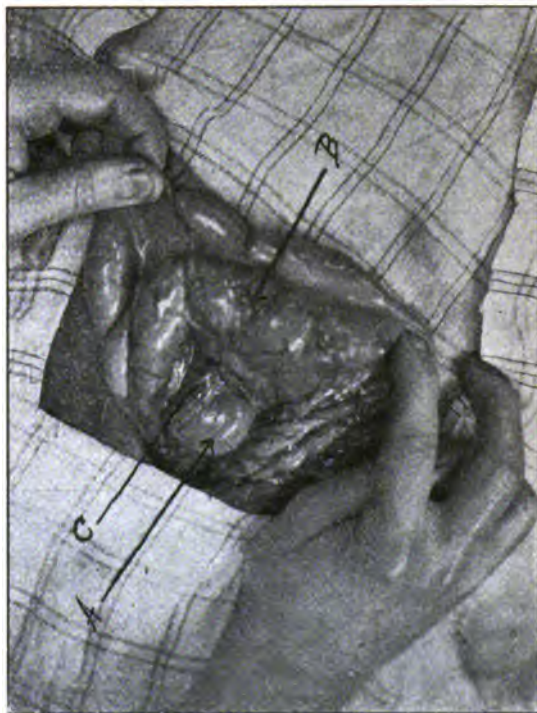
As I feel through the abdominal wound I map out a hard nodular tumor, which completely encircles the pylorus. The opening seems tightly closed. I feel several enlarged and hard glands.

I now displace the omentum to one side and draw up a portion of the transverse colon. I recognize the colon by its size and the white lines on the surface opposite to the attachment of the mesocolon.

I place the coil of colon outside on the abdominal wall far enough out to put the mesocolon on the stretch, and then cover the exposed colon with warm moist towels to protect it from the air. I next select a point between the blood vessels of the mesocolon and tear through both its layers, parallel to the vessels, making a rent about three inches long. You can see the posterior wall of the stomach protruding into the tear. I will next separate the edges of the torn mesocolon and stitch them to the surface of the stomach, with a few interrupted sutures.

This gives a permanent diamond-shaped opening in the mesocolon, through which

the anastomosis can be made without danger of future constriction of the small intestine attached to the stomach.



(FIG. 2.)

I will now draw up a coil of small intestine and seek the connection with the pylorus. The nearer the stomach the whiter and thicker the small intestine, and the farther away the pinker it becomes.

It is necessary to make the anastomosis high up in the small intestine or the patient will die from inanition. I have now found the attachment to the stomach and will bring up a coil about a foot and a half from the stomach. I select a place in the mesentery close to its attachment to the intestine and pass a blunt forceps through, and return a piece of gauze, which I tie around the intestine with just enough force to constrict it.

I now strip the contents of the intestine back a few inches and tie the intestine again in the same manner, so as to keep the fecal material out of the field of operation.

I will next make an incision in the small intestine in a line with and opposite to the attachment of the mesentery, just large enough to insert half of the button. I pass a strong silk purse-string suture around

this opening, close to the edge, including all of the coats of the intestine. Next I insert in this opening the heavier half of the button, and tie the suture. The suture must be inserted so that the mucous membrane is drawn in and covered, so that when the anastomosis is complete serous surfaces are in apposition, and not mucous membrane in any part, or the union will fail.

I use the heavy half of the button in the small intestine because its weight will tend to drop the button into the intestine, when it loosens, rather than into the stomach, as sometimes occurs.

I now place the other half of the button in practically the same manner into that portion of the stomach wall which protrudes through my opening in the mesocolon.

The halves of the button are now in position to complete the anastomosis.



(FIG. 3.)

As I push the two parts together I turn the proximal part of the small intestine posterior and to the left, in order that the peristaltic motion of the intestine will be in the same direction as that of the stomach, otherwise there would be regurgitation of the intestinal contents into the stomach.

The spring is now firmly fixed and you can see the anastomosis complete.



(FIG. 4.)

I will remove my gauze constrictors and replace the viscera, and close the wound.

I will cover the wound with a sterile dressing, which will be left for a week, when the stitches will be removed. The patient for the next few days will be fed with nutrient enemata, and not a particle of food or drink will be allowed to enter the stomach until all danger of leakage is passed.

[Note—I am greatly indebted to Dr. W. H. Hunter for the unusually excellent photographs of this case.]

Index to illustrations:

- A. Stomach.
- B. Transverse colon.
- C. Edge of tear in mesocolon.
- D. Omentum.
- E. Small intestine.
- F. Segment of button in stomach.
- G. Segment of button in small intestine.
- H. Anastomosis.
- I. Umbilicus.

The Dangers of Syphilitic Infection from Non-Sexual Causation.*

By DR. WM. F. BARCLAY, Pittsburg, Pa.

Were it possible to point out the dangers to life and health from syphilis, it would be a less difficult task to impress humanity of the possibilities of being infected with the germs of syphilis in other ways than sexual contact. To the scientific, careful observer, and experienced physician, the danger of syphilitic infection is too well known to encourage discussion, it being admitted that syphilis is transmitted in ways not even suspected by the most experienced physician.

The lines suggested by which the disease is transmitted are not well understood, and as yet the dangers of being innocently infected not sufficiently emphasized by the medical profession. The experienced physician is well aware of the surprise that the announcement of syphilitic infection creates in the minds of his patients, and the positive denial of infection by sexual contact. The distrust in the mind of the physician as to the truthfulness of the patient is no doubt very often unjust, and the cause of infection unknown to the unfortunate victim of the disease. That there is on the part of patients in some instances a disposition to deny exposure, well known to the patient, no one will for a moment doubt. The careful perusal and study of medical literature sets out the fact that the real cause of syphilitic infection was not known, but recent investigation has determined positively the germ-cause; and the isolation and culture of the syphilitic germ establishes beyond reasonable doubt the presence of the disease in many instances where it has not been suspected.

The old theory that in many instances anti-syphilitic treatment was well directed, and in general terms was demonstrated, giving the patient the benefit of the doubt in regard to the actual presence of the disease. I have seen a number of cases of syphilis in patients where I am satisfied the knowledge of infection was beyond the comprehension of the patient. It is within the experience of many physicians to give the histories of many cases of syphilitic infection from non-sexual causation.

The disposition to conceal the facts in many cases no doubt tends to lessen the care that should be exercised by all, where danger of syphilitic infection exists. I shall not enumerate the usual causes of syphilitic infection from non-sexual causation, as they are too well known to the careful reader of medical literature.

It would seem that there is an indefinite knowledge of the dangers from syphilitic infection from non-sexual causation on the part of the people, and that general precaution is exercised; but in our advanced knowledge of this disease, I am satisfied that reasonable care and precaution are not taken even by the members of the profession of medicine. The infection of physicians in the prosecution of professional work is a disparagement to our intelligence. It is within my professional knowledge to recall the instances of syphilitic infection in performing surgical operations, as well as the infection of one of the most estimable young physicians that I have known by inoculation in attending a woman in labor. The final result of this unfortunate case was the death from syphilis of this young physician, and the inoculation of an innocent wife. The death of an eminent surgeon from syphilitic disease of the brain caused by a wound, and inoculation of the hand, while performing a surgical operation. The death of a classmate of my own, who contracted the disease in performing a surgical operation, is within my recollections in early professional life. I could recall a number of other cases within the ranks of the profession of medicine, but this would not add value to the argument, that the dangers of syphilitic infection from non-sexual causes are greater than we apprehend.

I may be permitted to emphasize this argument by giving briefly the histories of some cases that have come to my knowledge and consideration in my own practice.

An estimable young woman was inoculated by an abrasion of her lip by a dentist's forceps. A want of care in properly sterilizing surgical instruments is, I am certain, a sure means of syphilitic inoculation. I recently saw a young girl who had a hard chancre on her lower lip, caused, in all probability, by a kiss from a young man, who had been suffering from syphilis for over six months. The nature of the disease was not difficult to determine, nor

*Read before the George Creek Medical Association, Frostburg, Md.

was discrete prudence on my part for all concerned a question of easy solution.

Patients demand, and rightfully, too, that the disease from which they suffer be made known to them, else they lose confidence in the medical adviser. Dissimulation is bad, morally and professionally, and entitles the physician to criticism. Reticence is possible in some instances, but not consistent with the best interests of the patient, as well as those persons who may come into contact with them. The modes of infection non-sexual are legion, and many innocent persons adjudged immoral on account of want of knowledge on the part of medical men. Of my own professional knowledge I recall numerous instances where ignorant practitioners have done irreparable damage to the moral character of individuals. Lest I may be misunderstood, let every medical practitioner remember intelligently the dangers of syphilitic infection from non-sexual causes, and exercise the care and precaution, in practice and counsel, indicated by the dangers of this loathsome disease in the life and health of unfortunate syphilitics.

The observation of a number of cases of syphilitic infection from kissing lends weight to the argument that promiscuous kissing is a most dangerous custom. The chancreous sore on the cheek of a beautiful little girl seven years old, caused by a kiss from a drunken loafer, with the consequent constitutional contamination of the child, was one of the most forcible lessons it has ever been my duty to observe. To me nothing could have been more pitiable than the condition of this innocent child. The anguish of her parents knew no bounds, and had her father met the person who inflicted the calamity upon his child, nothing short of his life would have satisfied the anger of the parent.

Language cannot portray the condition of these innocent patients, and the physical and mental disaster to life, health and happiness that follows the misfortune attending non-sexual infection with syphilis. Not that there is difference in the course of the disease, but that there is lack of resignation to the ravages of the disease that attends a guilty knowledge of moral degradation in coming into contact with the impure. The careful study of one case of syphilis contracted in an innocent way creates a history for a volume, when con-

sidered in the light of common humanity. Nothing more forcibly appeals to the sympathies of the medical practitioner than the scientific study of syphilis in the misfortune of non-sexual causation. The newborn child from its mother's womb infected by heredity is a most-to-be-pitied object of God's creation, and it certainly would have been better if the child had not been born.

A want of knowledge on the part of the people has caused many to unnecessarily expose others to the danger of inoculation, which, if properly understood, might have been avoided. There is a want of moral resolution on the part of syphilitics that I fail to properly understand; and, indeed, that the dangers of syphilitic infection are fully appreciated and understood by the profession of medicine I do not believe.

An enumeration of cases which I have seen caused by non-sexual infection cannot add to the force of the argument that too great care and precaution cannot be exercised in avoiding syphilitic infection.

A careful study of the medical literature of the past does not enforce the care that the scientific investigation of the present time teaches. Van Niessen of Wiesbaden, who has given arduous labor to the study of the etiology, pathology and treatment of syphilis, arrives at the conclusion that the disease is incurable, and liable to recur at any time after infection. That the views held by Van Niessen can be substantiated beyond reasonable contradiction, I am not at present able to accept. The germ theory of syphilis has been a positive conclusion in my own mind for many years, yet lacking positive confirmation until Van Niessen has isolated the germ and demonstrated its power to grow in a suitable culture medium. The discovery by Van Niessen of the germ sets at rest the positive diagnosis of syphilis. The presence of the germs of various diseases in the bodies of persons who seem not to suffer from the manifestations of the specific poison, seems to establish the theory of immunity. The theory of reinoculation would establish the argument that the disease is curable, if the doctrine taught by almost all writers be true, that reinfection is impossible in the presence of the disease. Further investigation will no doubt add greatly to our present knowledge and refute many theories now held in the study of syphilis.

Health laws, for the protection of the people, are salutary, but as yet, in the United States, have not been applied for the prevention of the spread of the most loathsome and dangerous disease to which human flesh is heir. The older nations recognize the danger of syphilitic infection, and have enacted and enforced sanitary regulations governing prostitution; thereby the greatest danger is averted by isolation of all persons adjudged syphilitic by competent medical inspectors. The crime of prostitution is one of the darkest lines in our civilization, but as yet not properly recognized and controlled by the laws of our country. It is well to heed the opinions of high authorities, and to be governed by them as far as is consistent with experience and observation.

Dr. Saenger of New York published a most exhaustive work on the subject of prostitution, entitled "The History of Prostitution." With the appearance of this most valuable work, the authorities ordered a suppression of the book. This work is one that should be read by all physicians who care to be informed upon this most important and vital question. Lombroso, in the *Female Offender*, has correctly classified prostitution as second in the list of crimes.

The association of the young men of our country with prostitutes has done more to undermine the morals and health of our people than all other causes combined. It may be thought impertinent and irrelevant in the consideration of the subject of this paper to introduce this argument, yet it is the foundation of this evil. Intelligence begets care and caution in regard to all danger; and the more fully acquainted we are with danger, the more apprehensive of its causation.

The view held by Van Niessen, that syphilis is a chronic infectious disease of the blood, is certainly correct. It is transmitted to the other tissues by the lymphatics and through the lymphatic system to the blood. There can be no reasonable doubt as to this conclusion by anyone who has carefully observed the results upon the general health. The contagion of syphilis, declares Van Niessen, is demonstrable in every case from the moment the pathogenic germs enter the blood, and through staining and cultivation a correct diagnosis may be made. The same authority de-

clares that the secretions also show the diagnostic confirmation of the presence of the disease. The urine, milk, semen, saliva, sweat and excrement contain the germs in infectious power, hence the vulgar phrase, "rotten with syphilis," is most appropriate.

Once a syphilitic, always a syphilitic, is a most serious expression, yet it comes from the highest of authority. It is a positive advance in medical science by Van Niessen, in the discovery of the contagious germ, and no longer leaves a doubt of positive diagnosis in otherwise questionable cases. The discovery of the germ sets at rest the diagnosis absolutely in all cases where the causation is unknown. No one can deny or affirm the presence of syphilis under present scientific knowledge without the final test, which alone is conclusive. Syphilis in its stages is inheritable and communicable, in the primary, secondary and tertiary stages, so declares Van Niessen in a recent contribution to medical science. Van Niessen has shown that the disease is infectious to rabbits, and a most useful means of scientific investigation, making possible a more accurate investigation of the pathology and therapeutics of the disease. Van Niessen says that the therapeutic measures used at present only palliate, and that syphilis is absolutely incurable. And further, that relative healing denotes only a latent state, and that medical art has as yet to find a specific for syphilis.

Incurability of syphilis is certainly at variance with the opinions of the best medical writers upon the disease, and will surely encourage a most searching investigation by syphilographers.

The vitality of syphilitic germs seems to be considerable under favorable environment, and may produce the disease after long periods of latency. It should be impressed upon the attention of all persons who are liable to exposure to the germs of syphilis, that inoculation is possible often where its presence is unsuspected. The knowledge we possess is most suggestive, and the discussion of the subject should bring out facts that may be timely and useful in the prevention of syphilitic infection.

The pathologic results of syphilis upon the organism of man are different from all

other diseases, and the constant danger of unlooked-for manifestations are a menace to life and health that are incomprehensible. The careful observer is impressed by the force of the observations of syphilis and its varied manifestations by the sudden arrest of some vital function, and the consequent impairment of the equilibrate action of the normal forces. It is within the experience of the intelligent physician that the caution that renders careful prognosis gives added value to the opinion of the ultimate danger from syphilis. The danger of non-sexual infection by syphilis may seem relatively insignificant, but no one at all familiar with the fearful prevalence of the disease can underestimate the care that should be exercised to avoid inoculation.

I have intentionally avoided mention of the various means by which the disease may be accidentally communicated, anticipating that discussion will bring out much that will be most interesting and instructive. The opinion prevails among the people that actual sexual contact with syphilitics is necessary for infection. The disease has been transported long distances by means not suspected, and thereby the relative viability of the germs established. The blood on a surgeon's instruments, which had not been used for several months, was found a possible means of syphilitic infection. The power of adjustment in the human body seems to be inert in the presence of the poison of syphilis, therefore no one is immune to this disease.

A recent study of the physical condition of a family of seven children, by the same father, who was a syphilitic, showed manifestations of syphilis in each child that were of a more or less grave character; each one varying as to the part of the organism affected. There can be no less danger in the disease when transmitted by progenitors.

The study of offenders against the law seems to point clearly to syphilis as a cause of impaired organization, and consequent mental aberration; and offenses committed. Imperfect physical organization tends to lessen coordination, and thereby the anomalous mental manifestations which are frequently of evil tendency.

Degeneration of races is directly trace-

able to the invasion of syphilis, and which, in many instances, ends in the extermination of entire tribes.

The presence of syphilitics in society is at all times suggestive of danger to others, and extraordinary care should be exercised by the diseased person, as well as all others in any manner exposed to the danger of infection. The less known by the people, the greater the danger, on account of want of reasonable care and precaution. It would seem that an analysis of cases of non-sexual origin would demonstrate the communicability of the disease to be greater than is suspected by the most experienced observer. A consensus of reports from physicians would be most interesting, and direct the attention of sanitarians to reasonable precaution. The presence of the syphilitic is at all times suggestive of danger, and more especially since the presence of the germs are known to be in the excretions of the body in an infectious form. Nothing is more certain, in the causation of disease, than the presence of the germs of syphilis in any manner by which they may come into contact with the human organism. That abrasion of the part to which the germ may come into contact is necessary is an old theory, and one that cannot be substantiated by accurate clinical evidence. The contact of the germs with any part of the body may be sufficient to create an infectious lodgment of the poison, and consequent manifestation of syphilitic infection.

The blood being the primary lodgment of the germs and through which the entire organism is contaminated, then follows the disorganization of the normal constituents of the blood, and the consequent impairment of the vital forces.

The very foundation of the living forces in the atomic organization of the cells, which build the tissues of the body, is changed, and pathologic conditions are superinduced. The anemic condition that always attends syphilitic infection is most remarkable, and ever characteristic in the presence of the disease, so that vigorous health is not possible in the syphilitic.

The contemplation of the etiology, pathology and treatment of syphilis is not intended in this paper, only the mention of these subjects interests the writer, in an effort to emphasize the dangers of

syphilitic infection from non-sexual causation. There is no desire on my part to give undue consideration to the danger that everyone incurs from the presence of syphilitics in society, nor do I believe the danger can be overestimated or precaution overdone in the presence of this most loathsome and dangerous disease.

If I have directed the attention of the members of this society to a just appreciation of this subject as it has impressed me from a rather large professional observation and experience in the treatment of syphilis from non-sexual causes, then your discussion will give me a satisfaction and pleasure.

We are the guardians of the lives and health of the people. It is our sacred duty as medical men to prevent as well as cure disease. Prevention is better than cure. Whom among us can but feel pity for those so unfortunate as to suffer syphilitic infection from non-sexual sources? Language can but inadequately portray the horrors that curse our race from the ravages of syphilis. If you will visit the asylums and almshouses, and consider the awful results that blight the mental and physical lives of many thousands doomed to suffer untold misery and anguish from the effects of syphilis, then you will more fully comprehend and appreciate the force of the dangers of syphilitic infection from non-sexual causation.

1620 Fifth avenue, Pittsburg, Pa.

Addenda:

Since completing the paper just read, the "Journal of the American Medical Association" reports that Dr. Brandin has collected ten cases of syphilis in physicians, all infected professionally in the fingers, and all extremely violent cases, only yielding to prolonged and repeated treatment, and that the diagnosis was made very late in each case.

A story of bone-setting is that of the Scotch laddie, Jock by name, who, after being carried by his mother, as an unwilling patient, to the bone man to get his leg set, was asked if the manipulation had hurt him. "No," said Jock, "it dinna hurt me." "I told you it wadna be painful," said his mother. "Ah," replied Jock, "nae wonder. You see, mither, I just let him fumble wi' tha sound leg!"—Medical Press and Circular.

THE MEDICAL LIBRARY.

A recent letter from one of the leading medical publishers, Mr. Saunders, contains so much of general interest to the physician, that we risk the possible criticism of some of our readers, who may think it "only for advertisement," and without permission of the writer venture to make liberal extract therefrom, on the ground that information concerning good books is always welcome.

"Encouraged by the large sale of the first two volumes of my new series of hand atlases (two editions of Jakob's Internal Medicine having been sold in less than four months), I visited Germany this summer and made a contract with the central publisher, agreeing to purchase from him 100,000 copies of the lithographic plates. There are not more than 100,000 physicians in this country, and this seems an extraordinarily large undertaking. When, however, you take into consideration the beautiful colored plates, which are produced by the most skillful artists obtainable in Germany, and the fact that the books are sold at a price which would have been impossible unless there had been a combination of some eleven publishers, it does not seem to me a difficult undertaking, as I am convinced that when the profession sees these works they will meet with a very large sale.

"The mechanical execution of these lithographs is of the very best, and the illustrations are equal to, if not better, than those in the large atlases which heretofore have sold for from thirty to forty dollars. I personally examined the plates which are now being produced for External Diseases of the Eye, and the Atlas of Skin Diseases, and found them marvels of beauty. By reason of my new contract the central publisher has agreed to insert in all new volumes an additional number of colored plates, thus making the newer volumes more beautiful than those that have already been published; and yet they are to be sold at the same price.

"I will send you soon the fourth revised edition of Vierordt's Medical Diagnosis. This work has been entirely rewritten and very much enlarged. Vierordt has gone through three very large editions in this country, and is now a recognized standard

text-book on medical diagnosis, both in this country and abroad.

"I am pleased to announce that we have almost ready, and will publish on or before October 1, Stengel's 'Text-Book of Pathology.' This will be a work of about 800 pages, and will be a model text-book on modern pathology. We will also have ready on or about the 15th of October a 'Text-Book of Obstetrics,' by Barton Cooke Hirst, Professor of Obstetrics at the University of Pennsylvania. This will be a profusely illustrated text-book on obstetrics of about 800 pages. Dr. Hirst has embodied in this book a series of original illustrations, which he has collected in his work. I expect these two works—Stengel's Pathology and Hirst's Obstetrics—to be leading text-books on their respective subjects during the coming season, as they are both written by men of well-known ability in their respective lines.

"We shall have ready on or about January 1 'An American Text-Book of Diseases of the Eye, Ear, Nose and Throat,' edited by Drs. de Schweinitz and Randall; also Church and Peterson's 'Mental and Nervous Diseases.' Both of these books will be well illustrated. I more particularly desire to call the attention of physicians in this country to the hand atlases, and to explain to them how it is possible to supply these books at so low a figure. I would be pleased, however. It is by the fact that the initial cost of publication in the making of the expensive colored plates is borne by eleven publishers instead of one, as is usually the case, thus making it possible to produce them at so low a price.

Yours sincerely,

W. B. SAUNDERS.

An American Text-Book of the Diseases of Children.

Second edition, revised.

By 63 eminent contributors. Edited by Louis Starr, M. D., Physician to the Children's Hospital, Philadelphia, etc.; assisted by Thompson S. Westcott, M. D., Attending Physician to the Dispensary for Diseases of Children, Hospital of the University of Pennsylvania. In one handsome imperial octavo volume of 1,250 pages, profusely illustrated. Cloth, \$7

net; sheep or half morocco, \$8 net. Sold by subscription. W. B. Saunders, Philadelphia, publisher.

Ordinarily large volumes are not to be especially recommended, for the very fact of their bulkiness, but this volume is a pronounced exception to such rule. There is no portion of the volume which could be abridged or omitted without very materially affecting its value as a text-book.

To one who is acquainted with the ability of the editor, or the systematic exactness which is a characteristic of his assistant editor, a review would be superfluous, but since it probably is not the good fortune of all our readers to have known the authors personally, we welcome the opportunity to present a brief notice of their work.

The list of contributors to the volume includes the names of over sixty of America's most eminent medical teachers. Among them from Chicago are the names of Christopher, Hatfield, Danforth, Lyman, Church, Casselberry and late eminent Charles Warrington Earle. There are also these: Forchheimer, Pepper, Osler, Musser, Wilson, J. Lewis Smith, Jennings, Dillon, Brown, Adams, Chapin, Crandall, and many others whose names each bear a very certain guarantee of the inherent worth of the volume.

The entire subject-matter of the first edition has been entirely revised in the present treatise, some new articles added and the whole thoroughly modernized. This, along with the rewriting of many important chapters, notably those on Diphtheria, Measles, Infant Feeding, Typhoid, Tuberculous Meningitis, Scurvy, Hydrocephalus, Chicken-pox and Rubella, make the book indispensable to all interested in any measure in pediatrics, and even most desirable to those who have the earlier edition. To the general practitioner who, perforce of circumstances, is always deeply interested in and, indeed, often perplexed by, the ills of childhood, this volume will be a most welcome assistant and a correspondingly wise investment.

The first 400 pages are devoted to (1) A Clinical Investigation of Disease and the General Management of Children; (2) Injuries and Diseases Incident to Birth; (3) The Diathetic Diseases; (4) The Infectious Diseases; (5) General Diseases. Not

Infectious; (6) Diseases of the Blood. The next 200 pages, Diseases of the Digestive Organs, followed by Diseases of the Nervous System, and Diseases of the Respiratory System and the Heart, the closing pages being devoted to those special subjects closely allied to childhood.

Among the multitude of cyclopedias and general text-books which have appeared in the various departments of medicine and surgery, during the past few years, there is certainly no one more exempt from possible criticism nor more replete in points of general excellence. It is to be unreservedly recommended to anyone whose hope is to practice medicine, and likewise to those who are already in the field and desire to do all, and the best possible, for the dear children intrusted to their pilotage down the ofttime turbulent stream of childhood.

Butler's Materia Medica, Therapeutics, and Pharmacology.

Second edition, revised. A Text-Book of Materia Medica, Therapeutics and Pharmacology.

By George F. Butler, Ph. G., M. D., Professor of Internal Medicine, Chicago Clinical School; Professor of Materia Medica and of Clinical Medicine in the College of Physicians and Surgeons, Chicago; Professor of Materia Medica and Therapeutics, Northwestern University, Woman's Medical School, etc. Octavo, 860 pages, illustrated. Cloth, \$4.00 net; sheep, \$5.00 net. Published by W. B. Saunders, Philadelphia.

It is indeed no slight honor to be so soon called upon to make any desired revisions of a first edition, as was Professor Butler in this second edition of his work, which has just been issued from the Saunders press. This is especially gratifying when it is considered that to most medical students the subject is, of all in the course of medical training, the driest and least interesting in the hands of the ordinary teacher of Materia Medica and Therapeutics.

The author dedicated the volume to the American Medical Student, "in the hope that it might aid him in attaining a correct knowledge of the nature and action of drugs, and the rational treatment of disease." Such hope could desire no more

tangible evidence of fulfillment than is furnished by the necessity demanding another edition so early after the appearance of the first.

We apprehend that much of the popularity which has attended the previous edition is due, and justly so, to the arrangement of the subject-matter—"embodying the synthetic classification of drugs based upon therapeutic affinities"—thus practically creating a growing interest in an otherwise difficult and often uninteresting subject. The literary style of the work is another of its attractive features, and is quite in keeping with the well-known intellectual ability of the author.

Among the important chapters are:

(1) The Untoward Effects of Drugs, to which is added a tabulated list of drugs with their effects, which is certainly the most valuable, complete and practical yet presented in a text-book.

(2) Serum Therapy. This chapter is a thorough resumé of the subject in all its phases up to the date of the Behring patent.

(3) Animal Extracts (organotherapy) is presented in its latest and most practical aspect.

(4) Antiseptics are given a deservedly important place, and a full discussion of each drug of the series is given.

(5) Perhaps next in importance is the subject of antipyretics, and in this department we find mention of all, with a more or less lengthy description of the drug, according to its importance and value as a remedial agent.

(6) Under Anæsthetics, Narcotics and Hypnotics little is given that is new, but the chapters are thoroughly practical even if indispensable.

(7) The chapter on Motor Excitants and Motor Depressants is made much more than ordinarily interesting by many excellent illustrations.

(8) One of the most valuable chapters is doubtless that on Prescriptions. It is the most complete we have ever seen on the subject.

Many other equally important points might be cited did space permit. We must compliment, however, the very excellent clinical index which forms the closing pages.

An American Text-Book of Gynecology, Medical and Surgical.

Second edition, revised.

By ten of the leading gynecologists of America. Edited by J. M. Baldy, M. D., Professor of Gynecology in the Philadelphia Polyclinic, etc., and Henry T. Byford, Professor of Gynecology in Medical Department, University of Illinois; Professor of Gynecology in Chicago Clinical School, etc., etc. Handsome imperial octavo volume of over 700 pages, with 341 illustrations in the text, and 38 colored and half-tone plates. Cloth, \$6.00 net; sheep or half morocco, \$7.00 net. Sold by subscription. From the press of W. B. Saunders, 925 Walnut street, Philadelphia.

The modern changes which are so constantly occurring in all departments of medical and surgical practice, whether they be steps of progress or retrogression, make frequent modifications of text-books imperative. In perhaps no department has there been such marked changes in both methods and details, as in gynecology, during the past four or five years; hence, even had the former edition not been exhausted, a new one at this time is quite in keeping with the general spirit of progress in the specialty.

The revision in this case is indeed a radical one. A large number of the old illustrations have been replaced by new ones; particularly is this noticeable in the number of illustrations of specimens which rather burdened the former volume. In the present one methods and technique are given prominence in the illustrations, certainly a change of no inconsiderable value.

The chapter on Examination of the Female Pelvic Organs is somewhat elementary, but yet is a very necessary introduction to a reliable text-book. For either successful work or positive diagnoses, there cannot be too much attention given to detail.

The chapter on Technique of Operations is most exhausting, and is, with the excellent illustrations, to the beginner as valuable as a goodly number of clinical cases seen from an amphitheater seat.

Menstruation and its Anomalies is considered to an extent bordering on prolixity, notwithstanding the subject-matter is in an interesting style. It hardly corresponds, however, to the brevity accorded so important a subject as Sterility.

The chapters on Diseases of the Vulva and Vagina are well written and illustrated, and are above criticism.

In the section on Inflammatory Diseases of the Uterus, considerable attention is wisely given to the histological and pathological findings under the microscope. This we consider one of the most valuable features of the text.

Under Lacerations of the Soft Parts, the technical detail is so well illustrated that elaborate description is unnecessary. Certainly it could not be expected that all the various methods and modifications, which are almost as numerous as the number of operators, could be described, illustrated or even mentioned in this connection.

The subject of Malpositions and Distortions of the Uterus receives the attention demanded by the importance of the conditions. In this, perhaps, more than any other portion of the book is there room for decided differences of opinion, but these the editor conceals under generalizations which avoid the possible criticism to which individual ideas would be subjected.

The operations for both abdominal and vaginal hysterectomy are so carefully and exactly described that it would seem anyone with ordinary skill might do either after a careful study of these chapters, though we certainly do not wish to be understood as advising anyone to attempt so grave an undertaking, without having seen it performed.

A chapter on Diseases of the Ovaries, and one on Diseases of the Urethra, Bladder and Ureters, are followed by one of the most important in the volume, viz.: After-Treatment in Gynecological Operations. This is one of the chapters which have been rewritten in the revision, bringing the subject thoroughly up to date.

McFarland's Pathogenic Bacteria.

Second edition, revised and greatly enlarged. Text-book upon the Pathogenic Bacteria. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia, etc. Octavo volume of 497 pages, finely illustrated. Cloth, \$2.50 net. Published by W. B. Saunders, Philadelphia.

A large number of those of us now practicing medicine have been compelled to get

our knowledge of pathology and bacteriology along with the students of to-day, inasmuch as at the time of our graduation these subjects were embryotic, if taught at all. Consequently a text-book on the subject which is reliable is certainly to be welcomed, inasmuch as we must be posted along these lines if we desire to march in files of those who are warring against the ranks of empiricism in medicine.

This volume, like the two preceding ones, is an early revision of what was previously a popular work. It is intended by the author that the work shall be both a full discussion of the subject, and a laboratory guide for the student.

New chapters have been added as follows: Whooping cough, mumps, yellow fever, hog cholera, methods of determining the value of antiseptics and germicides and determining the thermal death point. Each of these is of varying practical value, though most of them are of decided excellence. In the chapter on hog cholera the author says: "The symptoms are not very characteristic and the animals often die without having appeared particularly ill." On the next page he says: "The course of the disease varies from two days to three weeks." The latter is certainly the more nearly correct statement. Otherwise the chapter is of great scientific interest.

The subject of immunity and susceptibility is one of the greatest importance, and is given a full discussion. There are so many unsettled questions in this particular field that the apparent wariness of the author on some of them is commendable rather than to be criticised.

The entire subject of cultures is practically and thoroughly discussed, with many excellent illustrations added to the text.

The second section of the volume is devoted to specific diseases and their bacteria, the most important chapters of which are suppuration, tuberculosis, pneumonia, tetanus, typhoid and diphtheria.

The Doctor—"Six cigars a day? No wonder you have a pain in your chest. A man in your condition and with your temperament ought not to smoke at all. If you don't give it up you will have what they call the 'tobacco heart.'"

The Patient—"I'm afraid I've got it already, doctor. I know I haven't the heart to give up smoking."

THE CHICAGO CLINICAL SCHOOL.

The following operations were performed in the West Side Hospital, during the month of September, the students in attendance at the Chicago Clinical School being present:

Laceration—

Perineorrhaphy.

Hemorrhoids—

Operation.

Pelvic Abscess—

Drained.

Appendicitis—

Operation.

Hysterectomy—

Abdominal Operation.

Laceration—

Perineorrhaphy and Trachelorrhaphy.

Hysterectomy—

Abdominal Operation.

Varicocele—

Ligation.

Tubercular Testicle—

Castration.

Perineorrhaphy and Amputation of Cervix.

Curettement of Uterus. •

Appendicitis—

Operation.

Tubercular Testicle—

Removal.

Vesical Calculus—

Suprapubic Cystotomy.

Stricture—

Internal Urethrotomy.

Cystic Sarcoma—

Exploratory Incision.

Perineorrhaphy and Cervix Operation.

Strangulated Hernia—

Resection of Bowel.

Bunions—

Removal.

Carcinoma of Face—

Removed.

Corneal Ulcer—

Cauterized.

Curettement of Uterus.

Fissure in Ano—

Incised.

Appendicitis—

Operation.

Ovarian Cyst—
 Laparotomy.
 Tumor of Arm—
 Removed.
 Gall-stones—
 Cholelithotomy.
 Strabismus—
 Correction.
 Hemorrhoids—
 Ligation.
 Fibroid Tumor of Neck—
 Removed.
 Varicocele—
 Ligation.
 Osteomyelitis of Jaw—
 Removal.
 Pyosalpinx (double)—
 Laparotomy.
 Pelvic Abscess—
 Drain.
 Corneal Ulceration—
 Enucleation.
 Hydrocele of Cord—
 Ligation.
 Rectal Fistula—
 Incised.
 Lipoma of Back—
 Removed.
 Appendicitis (emergency)—
 Operation.
 Epithelioma of Arm—
 Removal.
 Floating Cartilage of Knee-joint—
 Removed.
 Skull Depression—
 Craniectomy.
 Appendicitis (emergency)—
 Operation.
 Vaginal Hysterectomy.
 Perineorrhaphy and Curettement.
 Pyosalpinx—
 Laparotomy.
 Laceration of Cervix—
 Repair.
 Glandular Cyst of Ovary—
 Ovariectomy.
 Tubercular Glands of Neck—
 Removed.
 Strangulated Hernia—
 Herniotomy.

Traumatic Epilepsy—
 Trephined.
 Sarcoma of Neck—
 Removed.
 Appendicitis (emergency)—
 Operation.
 Alexander's and Cervix Operation.
 Pyosalpinx—
 Laparotomy.
 Double Pyosalpinx—
 Laparotomy.
 Inguinal Adenitis—
 Removed.
 Paraphimosis (emergency)—
 Operation.
 Curettement of Uterus.
 Tumor of Pancreas—
 Exploratory Laparotomy.
 Extraction of Steel from Eye (emergency).
 Extraction of Steel from Leg.
 Appendicitis—
 Operation.
 Ovarian Cyst—
 Ovariectomy.
 Tubercular Shoulder-joint—
 Arthrotomy.
 Laparotomy, Fixation of Uterus and Curettement.
 Vulvo-Vaginal Abscess—
 Opened.

In addition to the above there were over thirty operations performed in the dispensary clinics of the Chicago Clinical School during the same period.

The hospital ship Olivette sank at her moorings near the quarantine station at Fernandina, Fla., August 31. The hospital corps of 35 persons and the crew of 45 were rescued without injury.

An excellent bathtub may be improvised out of a clothesline, a dozen ordinary wooden clothespins, and three yards of table oilcloth. Connect headboard and footboard of bedstead by two parallel ropes; attach oilcloth to ropes with clothespins, and you have as comfortable a bath as the most expensive. Four feet of garden hose, with a wooden plug in one end, makes an excellent siphon. Such a bath I have now in use.—Dr. A. C. Haven.

The Chicago Clinic.

**A HIGH-GRADE MONTHLY PERIODICAL DEVOTED
TO THE BEST INTERESTS OF THE
MEDICAL PROFESSION.**

J. HOMER COULTER, M. D., Editor.

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MEDICAL CO-EDUCATION.

Chicago, already prominent as a center of medical education and thought, is adding to her laurels by also becoming the center for medical co-education. Already leading New York, Philadelphia and St. Louis in the number of medical matriculates in her sixteen medical colleges, not to mention the large number of practitioners constantly in attendance upon her nine post-graduate schools or institutions for instruction in special departments of medicine. It is interesting to note that she is also a pioneer in medical co-education. Medical co-education has come to stay in Chicago, and it will be no small factor in modifying, purifying and dignifying medical teaching. The faculty will have to amend or emend its list of jokes and stories annually repeated until they have grown gray in the service of medical classes. What a relief!

The Chicago Medical College, in its young and progressive days, initiated med-

ical co-education in Chicago in the latter sixties, graduating that noble woman and skillful physician, whose name will ever be perpetuated by the hospital to which she gave the best years of her life—Mary Harris Thompson, who was graduated in '70. But the college seems to have been in advance of the time then, for it refused to admit women to its future classes, and out of this refusal the Woman's Medical College was evolved.

Soon Hahneman College became co-educational, and later Bennett as well. In still later years, Harvey, a well equipped, well appointed evening school, organized and managed by one of the brightest and brainiest women physicians in Chicago, was opened as a co-educational medical college and has been wonderfully successful.

Last year the College of Physicians and Surgeons became the School of Medicine of the University of Illinois, and this union made her a co-educational college, and her doors were opened to women. This change had a most wholesome effect on both faculty and students. There has been an atmosphere of refinement and dignity and an absence of horse-play, "passing-up," etc. There has been an improved tone everywhere; even the college building put on an improved appearance. This year the change and improvement are even more marked. An old alumnus would be much surprised in walking through the halls to see a ladies' parlor fitted up with settees, rugs, easy chairs, etc., the walls adorned with pictures; to find a Y. M. C. A. assembly room fitted up in a similar manner for the use and accommodation of the male students; a library with some

thousands of medical books and periodicals, in charge of a paid librarian. Verily, medical education is advancing, and the P. & S. is one of the leaders.

It is tacitly understood that Rush, since her affiliation with the University of Chicago, will open her doors to woman and become co-educational next year; and it requires no very great gift of prophecy to see in the recent faculty changes in the Woman's Medical College a purpose to amalgamate with Northwestern Medical School at no distant day. It would be but one of the curious incidents in the irony of fate if the medical college which first opened the way for medical co-education in Chicago, and then closed its doors to mixed classes, should, after twenty years, by the growth and evolution of this question, through university methods of instruction, once again throw open its doors to medical co-education.

We can imagine we see the shade of the elder Byford smile benignantly upon the consummation of his efforts of a quarter of a century ago in behalf of medical education for woman. Higher medical education, broader culture, university preparatory courses and co-education is the line of thought now uppermost in medical Chicago.

D. A. K. S.

HEIGHT AND WEIGHT OF INFANTS.

Calculations made by Professor Burk ("Pediatrics," July) show that the average length of a new-born male infant is 19.68 inches; of the female, about one-fifth inch less. The average increase during the first year is probably between seven and eight inches. The average weight at birth, male, may be put at 7.3 pounds, and of a female

at 7.1 pounds. This weight is almost trebled in the first twelve months of life.

There are, however, many exceptions to the standard, above laid down as normal, which live and grow as healthy, strong children. Especially striking examples of underweight infants surviving are within the knowledge of every physician of large practice.

In the writer's relatives are two strong boys, aged eleven and six, neither of whom at birth weighed three pounds. A recent report from the Eastern journals mentions a Newark infant which at birth weighed forty ounces; the parents in this instance are aged 17 and 16 years. Gould, in his *Anomalies and Curiosities of Medicine*, mentions several instances of small new-born infants, but most of these were premature births, which survived through care for a greater or shorter length of time.

Chicago now comes forward with a record of twins, born at full term, to healthy Swedish parents, of normal size, which weighed, respectively, 11 and 13 ounces at birth. Both are yet alive, functioning and living quite naturally.

With the recently improved apparatus for human incubation, which has been one of the many interesting features of the Omaha Exposition, there will be a much greater possibility of saving those infants prematurely born, and this will be especially useful where the infant is abnormally small.

DR. F. E. WAXHAM.

Dr. F. E. Waxham, who formerly held the Chair of Rhinology and Laryngology in the College of P. & S., and resigned the same to remove to Denver, Colo., in

1892, on account of Mrs. Waxham's health, has returned to Chicago and will hereafter hold a chair of Throat and Lung Diseases in the Chicago Clinical School. Dr. Waxham needs no introduction to our readers; his work, particularly in the matter of intubation, being well known.

He has for the past few years devoted his especial attention to the diseases of the chest and will consequently be a most valuable addition to the teaching faculty of this already phenomenally successful institution.

We are consequently inclined to tender congratulations to both Chicago Clinical School and to Dr. Waxham; to the former for so valuable an addition to its faculty, and to the doctor in the evidence of good judgment in connecting himself with this school.

A WOMAN'S ATHLETIC CLUB.

It seems altogether probable that a few months will see the realization of a woman's athletic club in this city. Not the ephemeral one, which is established in the minds and wishes of these dear fussers each autumn, when they return from their summer outing all buoyant with pent-up energy, accumulated during this period from the country air they have been breathing, while boating, cycling or playing tennis and golf, but the real clubhouse, with all the athletic appurtenances, swimming tank, indoor tennis, basket ball, bowling alley, fencing foils and possibly a speeding track.

The cigar stand, boxing gloves and card tables will not be in evidence in the proposed institution. In their place will be substituted a café, Turkish bath, manicur-

ing and hairdressing, each dear to the feminine heart.

This new evidence that good health is not inimical to refinement and social standing is most welcome, for it may be the avenue through which some most desirable reforms may be made possible. If by its influence even an occasional one of its members is induced to break away from the torturing and unhealthful laws of modern, "correct feminine dress," with its sacrifice of personal comfort, and to maintain as the greatest badge of honor an unfettered diaphragm, then the members and their husbands and children are to be most heartily congratulated that the Woman's Athletic Club will have become a veritable reality.

"Every step of this kind tending to encourage healthful exercise and to make pure blood and vigorous bodies for the women of America deserves to be encouraged and fostered. The bicycle has already done much toward reducing the number of anemic and hypochondriacal women. The present furore for golf is blessed for a like reason. To these and kindred movements we owe the encouraging fact that society women have abolished the baneful notion that a woman must be pale to be interesting, or half sick to be aristocratic. Good health and good sense are no longer considered altogether vulgar, even in high society circles, and both this generation and the next are to be congratulated upon the fact."

THE STATE BOARD OF HEALTH.

Recently prominent physicians received the subjoined letter from the above named body. It is to be hoped that there will be a

very general acceptance of the invitation, for by so doing not only is a much needed encouragement given the board, but an interest in sanitary matters, local and general, assures an equal or greater interest in a medical practice act, and other medical legislation quite as inimical to the fakir. The letter follows:

Dear Sir:—You are very cordially invited to attend the next meeting of the Auxiliary Sanitary Association of the Illinois State Board of Health, which will be held in the capitol building at Springfield, September 26 and 27, 1898.

The object of this conference is to discuss matters of interest to those engaged in sanitary work, particularly in reference to the prevention and restriction of communicable diseases, the regulation of systems of sewerage and public water supplies, the drainage and sewerage of towns and villages, the registrations of births and deaths, the legislation necessary to promote sanitation throughout the state, etc., etc., and to establish closer relations between the state board and local boards of health and health officials. It is hoped, furthermore, that at this meeting a draft of a bill to be presented at the next Legislature will be agreed upon by the delegates present.

You are especially requested to come prepared with concise, definite views of the most important sanitary requirements of particular portions of the state, or of the commonwealth in general. Ample opportunity will be given all who attend to present their opinions and to discuss those advanced by others.

With very low arterial tension, digitalis gives the best results in chronic cardiac diseases.

ABSTRACT.

Provisional Program of Miss. Valley Meeting.

"The Relations of the Gynecologist and the Neurologist," W. H. Humiston, Cleveland O.; "Diagnostic and Therapeutic Uses of Tuberculin," Chas. W. Aitken, Flemingsburg, Ky.; "Immunity," Chas. T. McClintock, Detroit, Mich.; "Hygiene versus Drugs in Pulmonary Tuberculosis," Charles L. Minor, Asheville, N. C.; "Some of the Factors that Predispose to Tuberculosis," L. P. Barbour, Tullahoma, Tenn.; "The Bicycle from the Medical Standpoint," I. N. Love, St. Louis, Mo.; "Therapeutic Value of Marmoreck's Serum," W. L. Baum, Chicago, Ill.; "Tumors of the Parietal Lobe of the Cerebrum," T. A. Davis, Chicago, Ill.; "Unguentum Hydrargiri or Blue Ointment Administered by the Mouth," Albert Bernheim, Paducah, Ky.; "Wounds of the Lachrymal Apparatus: Report of Operation for Restoration of Canaliculi Obliterated by Traumatism," Geo. F. Keiper, Lafayette, Ind.; "Mastoiditis: When to Operate and How," Andrew Timberman, Columbus, O.; "Prophylaxis in Diseases of the Nose and Throat," J. Homer Coulter, Chicago, Ill.; "Three Anomalous Cases of Mastoid Disease," J. L. Minor, Memphis, Tenn.; "Report of Holocain as a Local Anesthetic in Ophthalmic Surgery," E. C. Ellett, Memphis, Tenn.; "Incarceration of the Iris Relieved by Eserine: Report of a Case," Frank Trester Smith, Chattanooga, Tenn.; "A Case of Bilateral Glioma of the Retina: Operation, Non-Recurrence in Seventeen Years," A. G. Sinclair, Memphis, Tenn.; "Tonsillitis or Quinsy: Cause and Treatment," J. A. Stucky, Lexington, Ky.; "Remarks on Hydrophthalmus, with Report of Two Cases," James Moore Ball, St. Louis, Mo.; "Conservatism in Oral Surgery," Truman W. Brophy, Chicago, Ill.; "Neuralgias Due to Nasal Origin," Edward T. Dickerman, Chicago, Ill.; "Headache as a Symptom in Eye Disease," W. H. Wilder, Chicago, Ill.

Address in Medicine, Dr. James T. Whittaker, Cincinnati, O.

"Complete Inspection of the Rectum by Means of Newer Mechanical Appliances," Thos. Chas. Martin, Cleveland O.; "The Relationship Between the Genito-Urinary Tract and Rectum: In Operations Upon

the Female, Which Should Receive Priority?" John L. Jelks, Memphis, Tenn.; "Rectal Fistula," J. R. Pennington, Chicago, Ill.; "The Surgical Management of Complex Progressive Ischio-Rectal Fistula," Leon Straus, St. Louis, Mo.; "Hydrotherapy in Stomach Diseases," Geo. D. Kahlo, Indianapolis, Ind.; "Phases of Toxæmia from Disturbed Metabolism," Thos. Hunt Stucky, Louisville, Ky.; "The Vascular Dermatoneuroses," A. E. Brayton, Indianapolis, Ind.; "A Clinical Report of a Case of Abscess of the Liver," Edwin Frazer Wilson, Columbus, O.; "The Importance of Early Diagnosis in Surgical Cases," J. C. Morfit, St. Louis, Mo.; "Gonangiectomy and Orchidectomy for Hypertrophied Prostate in Old Men," George W. Johnson, Dunning, Ill.; "Why I Have Abandoned the General Practice of Vaginal Hysterectomy," B. Sherwood Dunn, Boston, Mass.; "Why I Do Vaginal Ablation in Pus Cases," Wm. R. Pryor, New York City; "A Consideration of the Limit to Operative Gynecology," Shelby C. Carson, Greensboro, Ala.; "The Limits of Operations for Cancer of the Uterus," L. S. McMurtry, Louisville, Ky.; "Cancer of the Uterus," Louis Frank, Louisville, Ky.; "Surgical Treatment of Pus in the Pelvis," Joseph Price, Philadelphia, Pa.; "Some Pathological Conditions of the Ovaries Causing Pain," G. W. Halley, Kansas City, Mo.; "A Case of Abdominal Hysterectomy with Stercoraceous Vomiting; Recovery," H. Hatch, Quincy, Ill.; "A Plea for Pelvic Cellulitis and Peritonitis," F. F. Bryan, Georgetown, Ky.; "The Diagnosis of Gonorrhea in Women," J. Rilus Eastman, Indianapolis, Ind.; "Care and Repair of the Female Perineum," E. L. Larkins, Terre Haute, Ind.; "Clinical Contribution to Ectopic Gestation," W. W. Taylor, Memphis, Tenn.; "Retro-Displacements of the Uterus and Their Treatment," A. Morgan Cartledge, Louisville, Ky.

Address in Surgery, Dr. Geo. Ben Johnson, Richmond, Va.

"Observations on Surgery of the Kidney," Charles A. L. Reed, Cincinnati, O.; "Direct Diagnosis of Diphtheria," William K. Jaques, Chicago, Ill.; "Diphtheria and Its Logical Treatment," A. M. Osness, Dayton, O.; "Suprapubic Cystotomy versus Perineal Section," James M. Parrott, Kingston, N. C.; "When Shall We Oper-

ate for Appendicitis?" Edwin Walker, Evansville, Ind.; "Some Clinical Phases of Intestinal Obstruction," A. H. Cordier, Kansas City, Mo.; "Practical Side of the Treatment of Gunshot Wounds of the Abdomen," H. Horace Grant, Louisville, Ky.; "Surgical Treatment of Ophthalmic Goitre," Bayard Holmes, Chicago, Ill.; "Some Forms of Gangrene and Their Treatment," J. S. Nowlin, Shelbyville; Tenn.; "Sub-periosteal Removal of Caries from the Pelvic Basin, with the Report of a Case," S. E. Milliken, Dallas, Tex.; "Surgical Treatment of Infantile Paralysis," Alex. C. Wiener, Chicago, Ill.; "Interesting Surgical Cases," M. Goltman, Memphis, Tenn.; "Neurasthenia and Its Treatment," H. C. Sharp, Jeffersonville, Ind.; "A Unique Case of Hernia; Operation," Spencer Graves, St. Louis, Mo.; "Some More About Drainage," Arch Dixon, Henderson, Ky.; "The Triple Operation for Pyloric Stenosis," N. Stone Scott, Cleveland, O.; "Report of a Case of Obstetrics with Complications," R. C. Pratt, McKenzie, Tenn.; "Pichi," H. W. Whitaker, Columbus, O.; "A Few Practical Points in the Treatment of Posterior Urethritis," A. Ravogli, Cincinnati, O.; "Varicocele," F. E. Kelly, LaMoille, Ill.; "Syphilis," John M. Batten, Pittsburg, Pa.; "Prevention of Venereal Disease," David Lieberthal, Chicago, Ill.; "The Neuro-Hypothesis of Rheumatoid Arthritis," Frank Parsons Norbury, Jacksonville, Ill.; "Intermingling and Change of Type in Diseases," W. Gaston McFadden, Shelbyville, Ind.; "Mercury; Its Action," William F. Barclay, Pittsburg, Pa.; "How Should We Treat Typhoid Fever?" T. Virgil Hubbard, Atlanta, Ga.; "The Arthritic Diathesis," R. A. Bate, Louisville, Ky.; "A Trilogy of Diseases: Acute Articular Rheumatism, Endocarditis, Chorea," Albert E. Sterne, Indianapolis, Ind.; "Cardiac Murmurs," S. W. Fain, Chattanooga, Tenn.; "The Artificial Production of the Plasmodium Malaria and the Rational Treatment for the Removal of Same in Malaria," L. H. Warner, Brooklyn, N. Y.; "Opium in the Treatment of Epilepsy," Frank C. Hoyt, Chicago, Ill.

The Curse of Mercuric Bi-Chloride.

Our good friend, Dr. Herman E. Pearse, of Kansas City, in a recent number of the "Denver Medical Times," has an article

which has so much plain, practical good sense and states so much more forcibly the points made in a recent editorial on the subject, that we reprint the article entire: Following Lister with his carbolic acid spray, many of the brightest minds of the day have perfected and applied some chemical formula by which the deadly germ could be destroyed or some method of technique by which it could be excluded. A long list of those chemical combinations have been presented to us, and volume upon volume of surgical literature has been written and published concerning their use and application. All this is known as antiseptis.

Equally active has been the work of perfecting means of technique by which the germs of infection might be successfully excluded, thereby allowing healing to take place, with no necessity for the application of any chemical solution that would kill germs. This ideal procedure is known as asepsis. It has settled down to a fixed rule that antiseptis is a preliminary to asepsis by means of which infectious fields are cleaned, foul instruments are cleansed, hands that look clean are made to be clean, germs lurking under cover of epithelial scales and in the recesses of hair follicles and sweat glands are destroyed, and by the same process, infected areas where normal tissue is already invaded by disease-producing organisms are made healthy and the work of granulation allowed to proceed without hindrance. By common consent, however accurate or inaccurate may be the conclusion, the bi-chloride of mercury stands easily at the head of all antiseptic drugs employed. We use it on the surface as a disinfectant, rinse our hands in it, mix it with our soaps, use it as the chief factor in ointments, use it in sprays and douches, rinse our instruments in it (sometimes to their utter ruin), and on all sides depend upon this safe drug to stand between us and the deadly microbe in whatever form it may be present. Probably no other agent has accomplished so much in the world for the prevention of disease, unless it be carbolic acid, and even here the outcome of comparison is in doubt. Do we use it too much? Yes. Do we trust it too much? Yes; trust it so far that it becomes to us sometimes a hindrance and an obstacle, in that it lulls us into a false security, and becomes to the patient in our

charge a veritable curse and a thing of evil instead of the saving agent for which we intend it. How often do we hear remarks such as this: "My patient was confined on Monday, on Thursday I found she had had a chill and some temperature; I do not see how this could have happened, for I used bi-chloride;" or like this: "This patient's wound showed on the second day a zone of inflammation, and soon after marked signs of pus formation; this must have been due to the fact that catgut was used; the wound and my hands were clean, for I used the bi-chloride;" again like this: "My patient sustained a compound fracture; I washed the wound carefully and closed the opening; suppuration set in promptly; I do not see why, for I used bi-chloride in dressing it;" again we will see such a case, a true one, as this: "A hydrothorax had been tapped by trocar; the pleural cavity became infected; the patient was having repeated chills and high temperature; wasting of flesh was in progress; the doctor recognized that his wound was infected and seemed about to break and discharge, yet he busily kept gauze saturated with the all-powerful bi-chloride over the wound, until a good surgeon showed him his error, resected a rib, drained the cavity and saved his patient. The error in all these cases is a blind, superstitious faith in bi-chloride. The drug is all right, but its use was all wrong. Like the savage who trusts to his charm of painted feathers which he wears dangling down from his neck, these enlightened accoucheurs dispensed with the proper and complete use of soap and water, and instead of thoroughly cleaning their hands, dip them in bi-chloride; this careful surgeon in dressing his patient's wound, having dipped his hands in bi-chloride, does not hesitate to scratch his head (thus loading his finger nails with microbes) or to pick up a chair, for had he not used bi-chloride, and was he not therefore safe? And this compound fracture that needed such careful cleaning, such thorough scientific drainage; to which every principle of surgery learned through a thousand years of war and accident should have been applied; in this case all this was neglected, because, forsooth, bi-chloride was at hand, and bi-chloride kills germs. Had there been no bi-chloride within reach, drainage would have been established in the pyothorax and no time

lost. Bi-chloride of mercury is one of the greatest blessings the surgeon has to-day, but it is not all-sufficient; cleanliness, hot water, soap, good drainage, careful surgical principles, are as necessary as ever, and as frequently render the use of any antiseptic unnecessary. With all its excellence, with all the value that attaches to bi-chloride, with all its indispensable characteristics, yet must it be said, much as we value it, that by blind reliance upon its power to kill germs, a valuable agent is every day converted from a blessing into a curse and a nuisance.

Successful Treatment of Hay Fever.

The "Virginia Medical Semi-Monthly" gives the following extract from a recent work on this subject by Dr. W. C. Hollopeter:

"So frequently successful has the thorough cleansing of the nares been that in many cases of gross hypertrophy he has neglected removal. But if the sterilizing and cleansing treatment (about to be described) does not bring relief, then he resorts to the galvano-cautery or needle for hypertrophy, or the snare for polypi, after which his usual nasal cleansing process will be satisfactorily continued. In cases of deviated septum he rarely feels the necessity for correction, but most carefully follows out the thorough cleansing unless the case presents itself some months before the expected paroxysm. 'This is extremely necessary to successfully destroy the nerve-habit, and to effect a cure.' 'In old cases, where the nerve habit has long been formed, treatment should commence at least two, or, better, three weeks before the anticipated recurrence of the paroxysms. All bodily irregularities must be corrected and tendencies to constipation or dyspepsia removed. Amylaceous indigestion should be corrected by the exclusion from the dietary of too starchy foods. For the elimination of excessive uric acid, or other waste products, and to relieve constipation, the systematic administration, morning and night, of effervescent sodium phosphate is invaluable. If the appetite is not good the regular use of the tincture of nuxvomica—ten to twenty drops three times a day—is strongly indicated. In anemic cases, pills of carbonate of iron, or, probably, still better, the pills of valerianate of quinine, iron

and zinc are necessary. In nervous cases, with anemia, valerianate of zinc, one grain, with two grains of the compound asafetida pill two or three times a day (after Morrell Mackenzie) will be found valuable. Careful diet, a tranquil mind and moderate exercise are essential. Outdoor exercise, with a daily tepid bath, followed by vigorous friction of the whole body, will serve to eliminate waste material. The patient should not unnecessarily expose himself to direct rays of the sun, as they are calculated to excite intense reflex irritation of the sensitive nerve centers. Much trouble may be averted by the use of a sunshade or umbrella, and by the avoidance of exercise in the sun.'

"With this general hygienic and constitutional treatment, the course of local prophylaxis by daily sterilization of the nasal mucous membrane is most necessary.

"All of the severe caustic remedies have, in turn, occasionally proved of value, but my experience of late years has led me to avoid all powerful applications. For the last ten years I have used the ordinary Dobell's solution:

℞ Sodii bicarb.
Sodii boratesaa ʒss.
Acid carbolici. ʒss.
Glycerini ʒij.
Aquæ rosæ, 25 per ct. q. s. .Oj

M. S.: Use, when warmed, as a spray.

"This I thoroughly use in both nostrils, first by means of a hand-ball atomizer, after which, with a curved aluminum applicator or Harrison Allen's nasal cotton-carrier, I very carefully swab the whole naso-pharynx. I scrub most carefully every portion of the mucous membrane, being sure to reach between the turbinated bones, and all around and over every slight prominence. I then as carefully dry the membrane with clean cotton, and use freely blandine comp. (a mild solution of menthol in alcoholene), loosely plugging the nose for a few minutes to retain the oily application. It is important to most thoroughly sterilize the three sensitive areas of the nose, as we are unable to determine whether one or more may be affected, and by this mild, yet thorough, treatment, we cleanse effectually the whole nasal chamber.

"Good results need not be expected by

simple irrigation and swabbing—the whole nasal mucous membrane must be thoroughly washed and scrubbed before the oily applications are used.

"The rigid simplicity of this form of treatment has been such that, for a long time, I doubted the real extent of its value; but as so many extreme sufferers have expressed their great relief, and were willing and anxious for me to continue the applications, I have concluded to offer my methods in full confidence of their reliability, with a warning that, for successful treatment, the directions of cleaning and scrubbing must be followed in the strictest detail."—Rev. of Rev.

The Lessons of the War.

There are a few lessons that we as doctors may profitably point out to the laity, which are forced upon us in connection with the present war with Spain. First, with our soldiers succumbing to malarial fever at the rate of five hundred a day, it is well to take note of the fact that anybody, even well-trained soldiers, who fail to follow the directions of their medical men in time of exposure and trial, will come to grief. Second, that those camps, no less than cities, that neglect sanitary precautions and do not faithfully guard the water supply from contamination, and observe with some care the condition of the food they eat, will be visited with epidemics of dysentery and typhoid fever. All these lessons are as old as medical science itself, they have been repeated so often that they are threadbare, yet villages and communities at home and our camps at the front still contain epidemics of dysentery and typhoid fever, directly traceable to bad sanitation. When will people learn that it is better to thirst for a day than be drinking water we know not of and burn for weeks with the consuming fever. The third lesson comes to us, not as doctors, but as citizens; if we wish our country to be great and to prosper, we must assist with all the power that our position in the community gives us in impressing this third lesson upon the minds of the voting population; it is this: War and the conduct of armies is as much a profession as medicine. A volunteer executive officer is no more fit to feed, clothe, train, direct and prevent sickness of a company, a reg-

iment, or a division of soldiers, than would a volunteer doctor, who had never studied medicine, but depended upon a pocket manual of treatment, be to go into a modern operating room and conduct an aseptic operation, or to take charge of a patient sick with a critical disease, and safely conduct his case to the end. Millions of dollars in money and hundreds of valuable lives have been squandered in our short war by political officers, and the scandal now growing in the war department is the logical consequence of our system of politics as applied to the army. No name fits this condition of things so well as one we will coin for the occasion, "Military Quackery." Let us recognize the fact that while we and the great European powers are civilized, the bigger half of the world is not; that military operations will exist in the future more than in the past, because on a grander scale. Let us insist that our army shall be governed and officered by a general staff, chosen gradually from the ranks of the regular army, constantly increasing, large enough for the need of sudden war, non-political in its selection, but permanent in its service, until retired by the age limit. Let these men provide for a standing army, well equipped and well trained, not of 40,000, but of 400,000, for in the campaigns of Santiago de Cuba and of Manila, while we are all proud of the brave volunteer soldier, it has been shown that the success of our cause depends upon the trained regular.

This spoils a lot of pretty sentiment about "citizen soldiers," but facts are facts, and we may as well accept them. As medical men we must assist in training the people to believe these principles, which are radically different from many of our ideas of the past. Our fighting men of the army and navy must be trained for their work as well as we doctors are for ours.—K. C. Med. Index.

Earlier Diagnosis of Diphtheria.

That the malignancy of diphtheria—that is, the rapidity with which a lethal quantity of the toxin is produced—varies in different years is well established, and opponents of the antitoxin treatment have asserted that the reducing mortality of the disease since 1895 is due to the lighter form of the malady—the slower and lesser production of the toxin.

While this was certainly not the case in the experience of the department administrators during 1896, it may be admitted that during 1897 three or more days were, as a rule, required to produce a fatal amount of toxin—the disease was undoubtedly milder—and it was seldom that a death occurred last year when a sufficient amount of antitoxin was administered prior to the expiration of the third day.

In the experience of Dr. Jaques, chief of the antitoxin staff of the department—at whose suggestion these notes are offered to the profession—there has, however, been manifest, during the last two or three months, an increasing malignancy of the disease, and he urges that every effort should, therefore, be made to secure the administration of the serum at the earliest possible moment—certainly within the first forty-eight hours of the attack.

The bacteriology of diphtheria teaches that antitoxin will protect against all forms of Klebs-Loeffler diphtheria, and that the more malignant the form the earlier must the serum be administered. To recognize the disease in its early stages, microscopic evidence must be added to the clinical symptoms, and it is not too much to say that when every physician takes a culture on his first visit to a case of "sore throat," and promptly resorts to the antitoxin as soon as the Klebs-Loeffler is recognized, there will seldom be a death from diphtheria.

Every effort has been made by the department to assist physicians to an early bacteriologic diagnosis, and at the close of the month (August) an improved culture outfit is furnished the antitoxin stations, the character of which is sufficiently indicated in an accompanying circular, which reads as follows:

SPECIAL REQUEST TO PHYSICIANS.

August, 1898.

In order to determine if it is not possible to increase the accuracy of results in the bacteriologic diagnosis of suspected diphtheria, and to hasten the return of reports, physicians are requested, for the time being, to prepare specimens in the following manner:

1. Remove the throat swab from the rubber-capped glass tube, and inoculate the culture-box with the swab in the usual manner, before any local treatment and with a bit of membrane if possible.

2. Rub the swab over the middle of one side of the glass microscope slide. Allow the film thus made to dry and then replace the slide in its paper wrapper.

3. Replace the swab in the glass tube and close the open end of tube with the rubber cap.

Forward promptly these three articles—throat swab, culture box and microscope slide, together with the case blank filled as directed, in the outfit envelope to the main laboratory or to the nearest sub-laboratory.

ARTHUR R. REYNOLDS, M. D.

Commissioner of Health.

Since the bacilli are always to be found at the seat of invasion, if a little mucus or a bit of membrane be taken from the site—before treatment has been instituted or antiseptics used—a direct diagnosis may often be made with the microscope without incubating the specimen. In this manner the character of a "sore throat" may frequently be recognized as soon as a microscope can be reached and invaluable time be thus saved in treatment.

The Anesthetist a Specialist.

Dr. E. T. Duke, in a recent number of the "Maryland Medical Journal," says:

Some years spent in the study and administration of anesthetics, both in hospital and private practice, convince me of the fact that the person performing this important duty should be specially qualified for it by study and experience. The ability of many good surgeons counts for little when the anesthetic is in the hands of an inexperienced person. This fact is well known, but so far nothing has been proposed to remedy the difficulty.

A skilled anesthetist in every city and town, and in convenient points in the country districts, would answer the need. A theoretical knowledge of anesthetics and their administration is not sufficient. Just as a surgeon becomes skilled by constant performance of surgical operations and attention to the little details of his work, so the anesthetist by daily experience becomes perfect in his specialty, and is able to perceive intuitively the danger signals of anesthetic narcosis and employ means to avert serious results. It is this skill acquired by constant practice, coupled with study and a desire to excel, that constitutes the ideal anesthetist.

The surgeon, knowing the anesthetic is in skilled hands, is relieved of any responsibility on that score, and is thereby enabled to accomplish better results. Particularly is this true in private practice, where hospital facilities are not available and the surgeon is otherwise hampered in his work. In this class of work the anesthesiologist stands next to the surgeon in point of responsibility, and it is especially important that he should be qualified. As long as the anesthesiologist is made to feel his inferiority so long will he remain an inferior person. The recognition of his importance to patient and surgeon will stimulate good men to remain in or adopt this important branch of surgical work as a specialty.

In hospitals an examination of the heart, lungs and kidneys is routine practice before anesthetics are given, but this is the exception in private practice. The work may be properly done by the anesthesiologist and his opinion may be given as to what anesthetic to use.

Each patient should be given the one best suited to the particular case. The regular use of one anesthetic to the exclusion of all others is certainly based on a narrow view of the subject, and prevents the attainment of the best results.

Non-Surgical Treatment of Goitre.

In a paper read before the French Society for the Advancement of Science Dr. Brion, of Lyons, gave the histories of four cases of goitre treated with iodothyrene, in daily doses of 0.3 gm. for periods of one to three months. In the case of three patients, ranging in age from twelve to eighteen years, who suffered from small, recent goitres with intense respiratory disturbances, the remedy rapidly produced subsidence of the dyspnoea, the chief complaint. Its action upon the goitre was slower, yet at the end of five months the three patients were completely cured. The fourth patient, twenty years old, was affected with a voluminous soft goitre of long duration, but unaccompanied by respiratory disturbance; in spite of long continued administration of the remedy, no improvement resulted, and later Poncet performed thyroidectomy and obtained a complete cure. Poncet therefore regards surgical intervention as indispensable in the treatment of firm and cystic goitres, but thinks

that iodothyrene may exert a favorable effect in cases of small recent goitres, even in the presence of dyspnoea. Dr. Berard has had a similar experience. In all instances in which the iodothyrene treatment proved successful, the goitre belonged to the congestive form in persons below the age of twenty years.—Review.

Infantile Scurvy in North America.

The report of the American Pediatric Society's collective investigation upon this subject appears in the "Philadelphia Medical Journal" of July 2. It covers 379 cases seen by 138 observers. Three-fourths of the committee, namely, J. P. Crozer Griffith, Charles G. Jennings and John Lovett Morse, arrive at the following conclusions:

1. That the development of the disease follows in each case the prolonged employment of some diet unsuitable to the individual child, and that often a change of diet, which at first thought would seem to be unsuitable, may be followed by prompt recovery.

2. That in spite of this fact regarding individual cases, the combined report of collective cases makes it probable that in these there were certain forms of diet which were particularly prone to be followed by the development of scurvy. First in point of numbers here are to be mentioned the various proprietary foods.

3. In fine, that in general the cases reported seem to indicate that the farther a food is removed in character from the natural food of a child, the more likely its use is to be followed by the development of scurvy.—Denver Med. Times.

Dr. Walter H. Allport and Dr. Thomas B. Schwartz have resigned from the Chairs of Anatomy and Dr. John Leeming from the Chair of Materia Medica in the Northwestern University Medical School (Chicago Medical College).

The following changes and additions have been made in the teaching faculty of the Northwestern University Woman's Medical School of Chicago: Professor of Surgery, Dr. C. Fenger; Professor of Rhinology and Laryngology, Dr. W. E. Cassellberry; Professor of Bacteriology, Dr. K. L. Ange'l; Professor of Ophthalmology and Otology, Dr. Frank Allport.

ITEMS.

A useful application in hives is carbolic acid; one part in 30 parts of water, with a little glycerin.

Dr. J. B. Hamilton has been elected to the presidency of the board of directors of the Chicago Public Library.

Healthful exercise, taken in moderation, as walking, riding, wheeling or gymnastics, is a useful means of holding in check the tendency to catarrh.

It is always advisable that children of marked catarrhal tendencies should wear woolen underclothing, varying in thickness with the change of the seasons.

It is reported that Edison is experimenting on a form of phonograph which will be used to reproduce and greatly intensify the heart sounds.

Prescriptions, except those for external remedies, cannot be repeated by the apothecary in Germany without the written permission of the physician who wrote the prescription.

Dr. Bond of Austin, well known to many Chicago physicians, committed suicide at his office in Austin, September 11. Presumably in a fit of despondency caused by ill health.

Dr. Senn comes out very plainly with the truth about Camp Wikoff. It is astonishing, with our boasted knowledge of hygiene and sanitary science, how much ignorance and carelessness have been exhibited in picking out camp sites.

It is altogether probable that at least two hospital ships will be added to our navy. One of these will no doubt be sent to join the Atlantic squadron as soon as commissioned. The Solace will likely be retained permanently as an ambulance vessel.

While the politicians are having their private quarrels in public the poor soldiers are really bearing the brunt of the mismanagement. It looks very much now as if the Secretary of War would like to crawl into a hole and pull the hole in after him.

Surgeon-General Sternberg has issued a circular to surgeons in the field giving directions as to the best methods of dealing with fevers when large numbers of men are afflicted, and directing them to use their best efforts to check the progress of disease.

A post-graduate course at the end of his fifth year of practice, and again in his tenth year, for three or four months, should be the settled intention of every young man who locates in the country, and no complexity of engagements should interfere to prevent it.

Dr. B. M. Griffith of Springfield, one of the most prominent members of the profession in the state, is reported as being near death's door, having recently suffered an attack of paralysis. Dr. Griffith has been one of the most efficient members the State Board of Health has ever had.

Dr. A. M. Owens, of Evansville, Ind., well known as an ex-president of the Mississippi Valley Medical Society, and as a prominent member and officer of the American Medical, died at his sanitarium in that city on September 18, from heart disease. Dr. Owens was 49 years old.

The examining board was composed of the following: President, Dr. Filip Kriessl; secretary, Dr. Maurice L. Goodkind; Dr. E. W. Lee, Dr. Arthur R. Edwards, Dr. Samuel Plummer, Dr. Joseph L. Veit and Dr. William Cuthbertson. The medical examining board was created December 24, 1895.

Mr. Otto Young of this city is erecting at Fifty-sixth street and Ellis avenue a hospital for consumptives, to be a part of the Home for Incurables, located at that point. It will accommodate seventy-five patients and is expected to be ready for occupancy early in the fall. Mr. Young's son died of consumption about a year ago and this called his attention more closely to the needs of those suffering from that disease. The building will be provided with everything known to modern science for the treatment and cure of tuberculosis, and when completed will represent an outlay of \$65,000.—Recorder.

The Medical Club of Berlin announces that foreign physicians are granted free admission to the clubrooms. Physicians from abroad, resident for a certain period in Berlin, will be welcomed as temporary members upon introduction by a regular member. The club is in the Lindengallerie, Berlin, W.—Chic. Rec.

A generous offer has been made by W. C. Fuchs, manager of the Roentgen X-ray Laboratory in the Schiller building, in which he has invited the Army and Navy League to make free use of his laboratory in all cases of wound or operation performed upon an Illinois soldier or sailor who participated in the Spanish war.

Dr. Edward Breck, the only secret agent of our government of American birth and nationality whom the United States has had in Spain during the war, has just returned from that country to Berlin. Dr. Breck, who was arrested in Cadiz on suspicion, but succeeded in getting away, has brought back plans of nearly every Spanish fortification.

The Queen-Dowager of Holland Finds a Hospital for Tuberculous Patients.—The Queen-Dowager of Holland recently granted an audience to a committee formed for the purpose of offering a "testimony of the people's love at the close of the Regency." The Burgomaster of Amsterdam having presented the Queen-Dowager the sum of 300,000 florins, she announced her intention of founding a hospital for tuberculous patients with a portion of the fund, and devoting the remainder to philanthropic purposes in the Dutch East Indies.—Phil. M. J.

The medical examining board of the civil service commission has been abolished. The work formerly done by the board will hereafter be done by the health department employes. This action has been under advisement for a month or longer and was suggested by President Lindblom of the civil service commission before he left for Europe. The only reason assigned is economy, the board having little to do. Each member received \$5 a day for actual service performed, the board having been created by the civil service commission.

Dr. Chaix has shown by careful chemical tests that sea air contains no salt during a calm, but only when the wind blows with sufficient strength to catch up the salt of the spray from the crest of the waves.

According to a New York surgeon of a statistical state of mind, the expenses of palatial St. Luke's Hospital are so heavy and the interest on the investment is so large that its inmates, say 2,500 for one year, could be boarded at swell hotels and attended by crack doctors, nurses, etc., at a considerable annual saving. St. Luke's is the costliest institution of its kind in New York, and it has an endowment fund of nearly \$1,000,000.

According to Dr. W. C. Glasgow, the following sign is a positive diagnostic sign in latent aneurism of the aorta. The presence of a systolic sound in the brachial artery, synchronous with the cardiac systole, and sometimes accompanied by an arterial murmur. When this sound can be heard, and aortic regurgitation can be excluded, a positive diagnosis of aneurism can be made, even in the absence of all other signs or symptoms.—Exc.

It is interesting to note the famous men who have bequeathed their brains to scientific brethren. Among them, besides those named, who are preëminent in their special worlds, are the late Bishop Phillips Brooks of Massachusetts, Walt Whitman, the poet; Dr. S. Weir Mitchell, equally noted as a physician and an author; Dr. A. Jacobi of New York, Dr. Putnam of Boston, Dr. Judson Deland of Philadelphia, Dr. H. W. Cattell and Dr. F. X. Dercum of Philadelphia.

Pathognomonic Sign of Meningitis.—At a recent meeting of the Societe Medicale de Paris, Netter, referring to the sign first described by Kering, declared it to be a pathognomonic sign of meningitis. The sign consists of an inability to completely extend the leg of the patient when he is in the sitting posture, while in the recumbent posture no such difficulty is encountered. In the sitting posture the leg always remains at an angle of from 90 to 140 degrees. Although the reason for the sign was not known, Netter declared that it occurred in no other disease.

MODERN THERAPY.

ACUTE INFLAMMATION OF THE PROSTATE GLAND.

The "Journal of the American Medical Association" for August 20 contains a report on inflammation of the prostate gland, which was presented to the Section on Surgery and Anatomy at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Colo., June 7-10, 1898, by Liston Homer Montgomery, M. D., of Chicago, Ill. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are retained in the circulation and within the gland, and to prevent degeneration in the gland substance, he administers tritricum repens or fluid extract tritricum freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use, in his judgment, while, externally, applications of an inunction of 10 or 20 per cent. iodoform, lanoline, as well as of mercury, are also of value.

THE OMAHA EXPOSITION.

When the World's Fair at Chicago ceased to exist, it was supposed that we should ne'er look upon its like again. However, the Trans-Mississippi Exposition at Omaha has effectively reproduced in similarity all of the buildings which made the White City so attractive in 1893.

It does not now take weeks to wander through grounds and structures and then be compelled to go away with a jumble of ideas, for the Omaha Exposition people have profited by past experience and have so improved the arrangement of exhibits that no more than two or three days of time need be consumed in admiration and in-

spection of the marvelous resources of the West, collected together in the chief city of Nebraska.

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Excursion tickets are on sale at every coupon ticket office in the United States over the Chicago, Milwaukee & St. Paul Railway, through Northern Illinois and Central Iowa, as well as at 95 Adams street, and at the Union Passenger Station, Canal and Adams streets, Chicago.

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Dr. Henry Banga, Professor of Gynecology at the Chicago Policlinic, says: "For the last three or four months I have given Kryofine in all cases of Neuralgia where formerly I used to prescribe Phenacetin, Antikamnia, etc. The results obtained with the Kryofine were excellent, and in no case did I notice any disagreeable symptoms, so that I consider it THE BEST ANALGESIC so far known to me."

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Monday,	3—4	Prof. BUTLER, Medical.
Tuesday,	11—12	" MURPHY, Surgical and Gynecological.
Wednesday,	10—11	" MOORHEAD, Surgical and Gynecological.
Thursday,	10—11	" BUTLER, Medical.
"	11—12	" DAVIS, Surgical and Gynecological.
Friday,	11—12	" MURPHY, Surgical and Gynecological.
Saturday,	2—3	" DAVISON, Surgical and Gynecological.

In addition to the regular schedule, evening lectures on special topics will be given as follows:

D. A. K. Steele, M. D., *Appendicitis*; J. B. Murphy, M. D., *Intestinal Surgery and Surgery of the Testicle and Scrotum*; T. A. Davis, M. D., *Brain Surgery*; Chas. Davison, M. D., *Hernia*; E. H. Lee, M. D., *Surgery of the Gall Tract*; J. N. Bartholomew, M. D., *Hernia*; F. R. Sherwood, M. D., *Fractures*; Wm. Cuthbertson, M. D., *Surgical Injuries of the Spine*; A. Wiener, M. D., *Pott's Disease*; H. P. Newman, M. D., *Pelvic Inflammations*; E. L. Moorhead, M. D., *Pyosalpinx*; S. G. West, M. D., *Prolapsus Uteri*; G. W. Newton, M. D., *Carcinoma of Uterus*; J. H. Hoelscher, M. D., *Cryptogenic Infection*; H. T. Byford, M. D., *Tubal Disease*; Geo. F. Butler, M. D., *Life Insurance Examinations*; W. L. Noble, M. D., *Anomalies of Refraction*; G. F. Hawley, M. D., *Post-Nasal Growths*; J. Homer Coulter, M. D., *Intubation* (with demonstration).

Cook County Hospital clinics and Prof. Hektoen's autopsies without extra charge.

Prof. J. Homer Coulter will give special course on intubation with practical demonstration on cadaver each month.

Prof. Heym has equipped his department with electric apparatus from Germany, and is giving practical electro-therapeutics to his classes.

Professors Noble and Dodd, aside from their excellent eye clinics, given at the school and at the Illinois Charitable Eye and Ear Infirmary, with which they are connected, thoroughly train their students in the use of the ophthalmoscope and in the fitting of glasses.

Prof. F. Kreissl will give special lectures and demonstrations in Cystoscopy and Catheterizing of Ureters.

The school has recently listed in its ranks Prof. H. N. Moyer, M. D., who is widely known as an authority on Nervous and Mental Diseases; also Profs. H. T. Byford and H. P. Newman have been added to the Department of Gynecology. The more than national reputation of these gentlemen is sufficient assurance of the value of their teaching.

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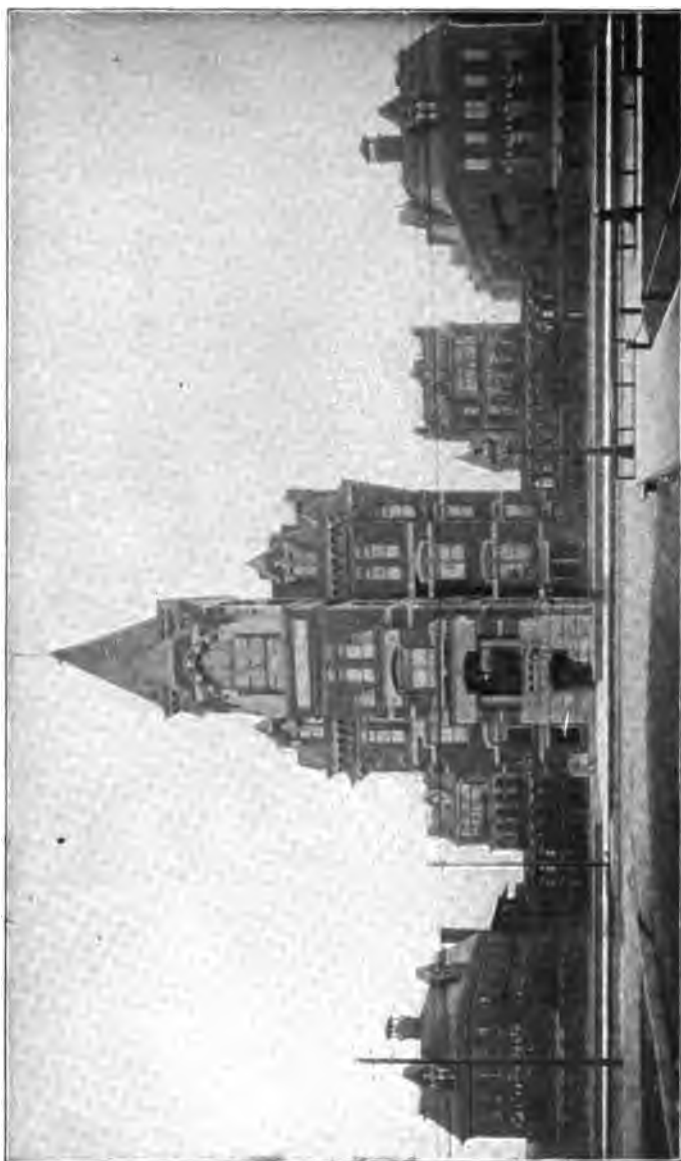
Members of the profession who are visiting in Chicago for a day or two will be heartily welcome at the School. If they desire to attend the clinics, visitors' tickets, good for two days, will be furnished them.

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FRANK HUGH MONTGOMERY, M. D.

THE CHICAGO CLINIC

VOL. XI—No. 10.

ELEVENTH YEAR.

OCTOBER, 1898.

Some Common Errors in the Treatment of Infantile Eczema.

By FRANK HUGH MONTGOMERY, M. D., Chicago.

In the following brief paper I shall not attempt to say anything of diagnosis or of mistakes in treatment based on errors in diagnosis, but shall confine myself to the consideration of some common errors in the treatment of properly recognized cases of infantile eczema. Nor shall I include those cases, so common in our dispensaries, in which dirt, pediculosis and other evidences of neglect and ignorance play so important a part. I wish to speak only of the mistakes made by intelligent physicians, mothers and nurses who are trying, as well as they know how, to relieve these little sufferers.

As most of these errors are based upon a lack of appreciation of the problems with which we have to deal, let us first consider some of the conditions present. Statistics show that more than one-third of these cases originate during the first twelve months after birth. They also show that in over 80 per cent (or four-fifths) of these cases some portions of the face and head are affected. These reports are based largely on dispensary and hospital practice where eczema of the covered parts of the body is much more common, caused, as it is, by the presence of lice and dirt, by rough, coarse clothing colored with cheap dyes, and by secretions and excretions retained in contact with the unwashed skin. In private practice we find the uncovered parts of the body affected in even a greater proportion of cases, and in a very large majority the disease is limited to these areas, the covered portions remaining free.

In the infant the horny layer of the skin is very thin and delicate and is easily destroyed and removed, thus leaving the deeper layers, which are highly sensitive, and also very vascular, exposed to the air and other sources of irritation too numerous to mention here. Exposure to the air

alone is sufficient to cause an inflammation which will persist so long as these tissues remain unprotected.

When we consider the parts of the body where these eczemas are the most frequent and persistent, we find they are also the parts most exposed to the air, to temperature changes, to dust, dirt, micro-organisms and foreign substances of all kinds; they are the parts most frequently soiled, and therefore most frequently subjected to the irritating effects of soap and water. They are also most subject to friction, rubbing and scratching by the infant when any part of his body itches, for the covered portions are not so accessible to his hands and nails and consequently escape, even though they be the seat of the itching. In order of frequency we find these eczemas on the cheeks, other parts of the face, the scalp, the ears and the region back of them, the exposed portion of the neck, the hands and the wrists. On the covered portions of the body we find the disease most persistent where two skin surfaces come in contact with each other, resulting in warmth, moisture, and friction of the parts, as between the nates, in the axilla or groin, or on the flexor surfaces of joints.

Turning to the local lesions we find we have from the start, or within a very few hours, a portion of the skin which has lost its protective horny layer and the deeper parts of which show some degree or stage of inflammation. Nature tries to protect these sensitive parts by pouring out upon the surface a sticky fluid which, if allowed to remain, would probably accomplish its purpose and allow a new layer of cells to form. But as the result of scratching, contact with dirt, and injection with pus or other microbes, we may find the greater portion of the face and scalp covered with pustules (or even with boils), muco-purulent discharge, and bulky crusts which are dirty and discolored by the admixture of pus and blood. Underneath all is the red, inflamed surface. From these severe forms we may have all grades down to those in which, in

limited areas, the small amount of exudate dries into thin scale-like crusts, often forming a pretty good protection until removed by scratching or washing.

It is important to remember that while eczema in infants may be chronic with respect to its duration, for it may last weeks, months or years, yet in children under five years of age the inflammation is usually acute in type. It is very rare that we find, as in the chronic eczema of adults, such an abnormal thickening of the horny layer that it must be removed by stimulating or caustic applications before the deeper cells can undergo a normal transformation to horny ones. Even the small patches that linger in a sub-acute form present but little thickening of the epidermis and are ever ready to become active on the slightest provocation.

With this understanding of the conditions present, what are our objects of treatment?

They are, first, to find a good substitute for the lost protective layer of the skin, that will exclude from the surface all external sources of irritation, relieve the pruritus and destroy any harmful micro-organisms that may be present; second, to secure a uniform temperature of the surface; third, to diminish the congestion of the vessels in the inflamed area; and fourth—as a result of the foregoing—to allow the healing process to go on to a proper termination. We must, of course, also recognize and treat any constitutional disorder that may be present, and in all cases we should satisfy ourselves that the various organs of the body are acting normally, that all the tissues are properly nourished, and that the child's habits and hygienic surroundings are properly regulated. We shall thus remove, so far as possible, gastro-intestinal disorders and other sources of reflex nervous disturbance which frequently act to intensify and prolong eczema in infants.

I am satisfied that the general practitioner does not realize the importance of the four first named objects of treatment, and that in consequence he does not strive sufficiently to accomplish them. He would refuse to treat a broken bone, acutely inflamed joint, or, in short, an acute disease in almost any other organ or tissue, unless the patient would coöperate with him in obtaining for the part complete rest and protection, but in the treatment of an acute

inflammation of the child's delicate skin, he usually fails to provide for either. He will much more frequently devote his energies to a study of the pharmacopœia and will try application after application, from the mildest to the strongest, and frequently will even resort to long-continued and harmful internal treatment before finally bringing his patient to the dermatologist with the statement that he has tried almost everything recommended by the authorities but without success!

What are the causes of his failure?

First, in the matter of protection, which is rarely constant, though it is often excellent while it lasts. The ointment is applied one or several times a day, only to be rubbed off in a few minutes by the child. Here lies one of the reasons why the mother will so often tell the physician that his preparation gives relief for a few minutes but not longer. Again he is not careful to see that the surface be exposed as little as possible between the removal of one dressing and the application of a new one. Every such exposure increases the irritation directly, and also indirectly, as it increases the itching and gives the child just so much more occasion for scratching. It is only after watching many of these cases that one begins to appreciate the intensity of the itching that makes the child tear the inflamed areas with his nails the moment he finds an opportunity for doing so; and it is only by protecting the surface from the air that we can give him relief.

Nor is the child alone responsible for the removal of the protecting application. Too often it will be the mother, who removes it for a short time that her baby may not look too badly for friends to see; at the same time it is quite possible that freshly starched ruffles or bright colored ribbons may be brought in contact with the inflamed skin and add to the irritation; and yet the mother does not understand why her child is worse. She needs educating in this direction, no matter how intelligent she may be in all others, and her physician must be her teacher. I have but suggested one or two of the obstacles in the way of securing a constant protection of the surface. It would be impossible, as well as useless and tedious, to try to consider even a small part of them all. They will differ with each case, and it is the physician's duty to hunt them out and remove them.

Again we find all progress retarded or prevented by the frequency in which the new forming layer of the epidermis is torn off by washing, or in the removal of dressings that have dried and become adherent to the surface. Eczematous surfaces are washed far too much. The parents will object when told not to wash the baby's face for a week or two at a time, but it is often the best course. Washing should not be employed any more frequently than is necessary to remove substances that are irritating to the skin, and pure water should never be used, but should first be rendered soothing by the addition of a small amount of alkali, or by squeezing in the water a bag containing bran or oatmeal. Soap should not be used. A crust, a dried dressing, or anything covering one of these surfaces should never be removed while at all adherent to the surface, as it will certainly bring with it this top layer of delicate cells, the formation of which is so essential to recovery. All such covering should be carefully softened with oils or lotions until they come off without the use of any force. In this connection let me add that ointments must never be rubbed into the surface, as many seem to think necessary; the result of the rubbing is the removal of this forming layer of cells, and the desired end is but postponed by the treatment.

That the problem of giving the eczematous skin in children constant protection is a difficult one, each case presenting difficulties peculiarly its own, I frankly admit, but its prompt solution will result in the early termination of many of these cases that would otherwise be prolonged through months or years. It may be absolutely necessary to apply the mask and "straight jacket," such as are described in the textbooks, and while the parents will object to this seemingly cruel procedure, it would save much suffering on the part of the infant and all concerned if these methods were employed much oftener and earlier.

The second object of treatment, uniformity of temperature, is also an important one and must be brought about by the attending physician after he has considered the surroundings of the individual. I merely call attention to the fact that an acute eczema is usually worse after a sudden change in temperature, and that many of the most stubborn cases get well on being taken to a warm and even climate.

When we have accomplished these first two objects of treatment, we have done much toward obtaining the third, the decongestion of the vessels in the inflamed areas. It is here that the internal use of mild laxatives is of service, for constipation is quite frequent in these infants, who are often irregularly and over fed. Defective assimilation of food and imperfect elimination of waste products, with resulting toxic irritation of the skin and nervous system are common and must be removed by proper treatment. Any other internal medications, not definitely indicated by the pres-



ence of other disorders, are usually harmful, since they tend to irritate the alimentary canal and therefore the skin. In many cases the mere suspension of the internal medication does much toward relieving the eczema. The use of anodynes to relieve the itching is always harmful, as in the end most of them but add to the pruritus.

The question of diet is an important one, deserving more attention than can be given it in this paper. Feeding or nursing of these children is too often employed as a means of quieting them. In consequence they are not only irregularly fed, but also overfed. The diet in each case

should be one that will provide for the proper nutrition of the whole body, including the skin, without overtaxing the organs of digestion and elimination. As a rule infants should be restricted to a milk diet and older children should be given only the simplest foods. Besides the articles generally recognized as indigestible, they should avoid in particular sweets and starches.

In the selection of local remedies the almost universal error lies in the number of things tried and thrown aside for still others, instead of using faithfully any simple preparation that gives relief and protects the surface. The simpler the application the better, though a small amount of an anti-pruritic or antiseptic, added to the powder, lotion, paste, salve or plaster, is often of service. The stronger, stimulating preparations, so useful in the chronic eczemas of adults, are almost never called for, and when used will do harm.

Much more might be said concerning the medicinal errors in the treatment of infantile eczema, but not within the scope of this paper. The text-books are full of details concerning treatment, and if the practitioner will study his case and be careful in the selection of the first one, two or three simple remedies he tries, he will rarely fail to find one of them suited to his needs if he will but use it properly and faithfully.

A Few Practical Points in the Treatment of Posterior Urethritis.

By DR. A. RAVOGLI, Cincinnati, Ohio.

The greatest advance in the treatment of gonorrhea has been achieved by the School of Breslau, through the studies of Albert Neisser. The principle rests on the base of destroying the gonococcus as quickly as possible. The oft repeated injections, or, what is better, irrigations of the urethra, have been employed so as to obtain this result. These irrigations were at first applied by Halsted¹ at the Roosevelt Hospital in 1884, using solutions of bichloride of mercury, varying in strength from 1 to 100,000 to 1 to 10,000, through an irrigator of his own. The irrigations were applied twice a day, the patient receiving no other treatment. The results published by Vanderpoel in the "Medical Record" in 1886 showed a series of cases of acute specific urethritis cured in a short time, from ten to

fourteen days. He claimed that with the judicious use of bichloride he was able to subdue the pain, prevent complications and bring about more rapid and permanent recovery.

I have used these irrigations, but I was rather disappointed. Although the patients did not feel any discomfort during the act of the irrigations, they were seized afterward with pain and the inflammatory symptoms increased, with vesical tenesmus and, in three cases, epididymitis soon resulted, so that I have abandoned this method. Very likely the solution of bichloride of mercury was too weak to affect the gonococci, and yet was strong enough to irritate the mucous membrane of the urethra.

The most important point in the treatment of the posterior urethra is to reach the whole surface of this region. The ordinary syringe which is usually given to the patient does not carry the fluid further than the bulb, and the ordinary injection, if good for the anterior urethritis, is of no benefit for the posterior. I have purposely recalled the anatomical structure of the urethra and its relations to the muscles, in order to show the importance of the compressor urethræ muscle, which with its contraction prevents the introduction of any fluid into the posterior urethra.

Ultzmann² has already advised the method of irrigation of the posterior urethra with dilute solutions by means of a short catheter. He spoke of the possibility of forcing a fluid into the bladder along the urethra without the use of a catheter, but he was opposed to this practice, being often very painful when the urethra is sensitive and there is spasmodic contraction of the compressor urethræ muscle. He used for the purpose of irrigating a short metallic catheter with curved vesical end, rounded and perforated with holes, or with four longitudinal slits. The extravescical end is provided with a disk and attached to a rubber tube, which is connected with the irrigating syringe.

From the possibility of overcoming the contraction of the cut off muscle originated the irrigating method of Janet³ in 1896,

¹ A system of genito-urinary disease, etc. Prince A. Morrow, New York, 1893.

² Pyuria or pus in the urine and its treatment, translated by Dr. W. B. Platt, New York, 1884.

³ Annals des malad. d. org. gen.-urin. 1896. No. II.

which method marks another step of progress in the treatment of gonorrhea. The fluid used for irrigation in the method of Janet is a permanganate of potassium solution of a strength varying from 1 to 5,000 to 1 to 1,000. This method has been received with great enthusiasm by the generality of the practitioners. Oudry referred to 200 cases of gonorrheal urethritis treated with irrigations of permanganate of potassium, according to the Janet method, with the result of 80 per cent recovered in ten days, 15 per cent in a longer time and 5 per cent without result.

Goldberg⁵ considers this method a really abortive one, as he succeeded in several cases in entirely removing, in from one to two weeks, the gonococci from the discharge. He thinks the results are due to the combination of the mechanical and chemical action, as he believes the permanganate of potassium possesses a specific antigonorrheal action.

The abortive and specific power of this method was denied by Max Schlikka⁶, although he succeeded in many cases of gonorrheal urethritis in reducing, by irrigating the urethra twice a day, the purulent discharge to a minimum in from 8 to 12 days.

The irrigator consists of a glass reservoir encased in a wooden frame, which can be raised or lowered by means of a line so as to regulate the pressure of the fluid. A rubber tube is attached to the interior part, at the end of which a glass nozzle is placed in order to be applied to the meatus of the urethra. It is necessary to have some practice in applying this irrigation, and to begin with a low pressure in order not to expose the anterior urethra to an unnecessary distention, which is painful and, as well in inflamed mucous membrane, it may also have injurious results. For this reason I put the rubber tube in the hand of the patient with instructions how to shut off the stream as soon as the distention becomes uncomfortable. The patient sits on the edge of a wooden chair, the shoulders leaning against the back of the chair. He has a basin between the legs, but he can also stand up with the legs somewhat spread. The physician is at his right side, with his left hand holding the glans penis, while his right applies the nozzle to the meatus. The penis is drawn forward so as to form an angle of 90° with the abdomen, to make the urethra as straight a canal as possible.

On the first application it is better not to close too tightly the meatus, and let some fluid flow back. We can irrigate the anterior urethra thoroughly without producing distention and discomfort. When we wish to irrigate the posterior urethra we close the meatus tightly, and after one or two minutes we find that the contraction of the cut off muscle ceases and the fluid runs into the bladder. Sometimes the contraction comes again, and then it is better not to force it, but wait until the contraction stops. I do not like to fill up the bladder to its utmost capacity, but when it begins to react and the patient feels the necessity of micturating, we stop the irrigation and let the patient empty his bladder.

When, however, there is much inflammation and great contraction of the muscle, Behaegel⁷ has already advised us to take a soft catheter and introduce it to the required depth, then through it inject the fluid without exposing the whole urethra to an unnecessary distention.

I have lately employed the Janet method in the venereal ward of the City Hospital, in the clinics of the Cincinnati University, as well as in my private practice, and from the results obtained I am convinced that for a recent, acute, anterior urethritis, the method of Janet is very beneficial, but for a posterior urethritis the irrigation through a recurrent catheter is much more desirable. In many instances the patients themselves have made the request to have the irrigation done through the catheter, which they preferred to the forced injection.

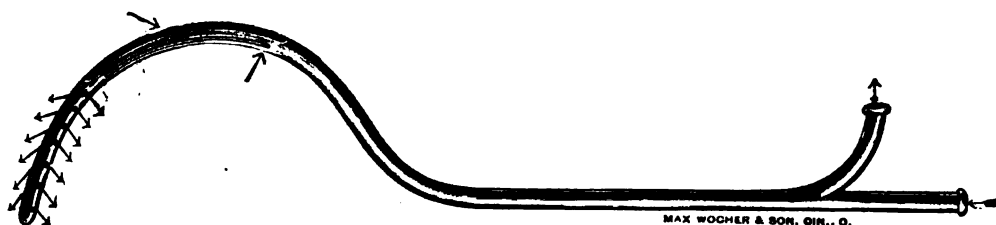
Indeed, I think that in the treatment of a limited posterior urethritis there is no necessity of filling up the bladder with the solution of permanganate of potassium, or of distending the anterior urethra. With a double current catheter we can irrigate the posterior urethra without any inconvenience.

The recurrent catheters which we have at our disposition have some defects which make their application imperfect. The curve is of the ordinary catheter and in consequence they must be introduced into the

⁵ Die Behandlung des Trippers durch spulungen mit uher mangansauren Kalium. Centr. Blatt fur die Krankheiten der Harn und Sexual Organe. 1896.

⁶ Wien. Med. Wochenschrift. 1895.

⁷ Uber die Ausspungen in der Behandlungen der Urethritis. Monatshefte fur Pract. Dermat. 1898, No. 8.



bladder so as to obtain the returning stream. The opening is at the end of the catheter, and the irrigation is effected more in the bladder than in the urethra.

For these reasons I have ordered a catheter for the irrigation of the posterior urethra with the Benique curve, which is the normal shape of the urethra and does not require introduction into the bladder. This catheter has been made by Max Wocher & Co., instrument makers of our city. It consists of a double catheter, one superior, which ends in a bulb perforated with holes for more than two inches in its length; the interior catheter begins with a groove just at the beginning of the curve, and at the maximum of the curve has a hole which receives the fluid from the posterior urethra and carries it away, as will be seen demonstrated by the cut herewith.

The fluid therefore washes the posterior urethra thoroughly without going into the bladder, and is then taken by the recurrent branch of the catheter at the place where the compressor urethræ forms the boundary between the anterior and posterior urethra. I use this catheter, letting the patient stand up; the superior branch is attached to the nozzle of the Janet apparatus, and in this way I irrigate the posterior urethra for from five to ten minutes. It is better to take care not to let air get into the bladder, which, although not at all injurious, is nevertheless disagreeable to the patient, causing tenesmus and the necessity of micturition.

The fluid which I use is the permanganate of potassium, which, by the way, I consider one of the best antigonorrheal remedies we possess. It has been used by Ultzmann and Keyes with very good results, and I am not opposed to the views of Rogue and Pasteau, in considering it a specific for the gonorrheal affections. Permanganate of potassium is a highly oxidized compound, and when in contact with organic matters gives up oxygen to the organic substances and is reduced to the black ox-

ide of manganese. It is through its oxidizing power that the permanganate of potassium is so good a disinfectant. It produces on the inflamed mucous membranes a sort of superficial necrosis of the epithelial layers, staining them to a rusty brown color. The mucus or any purulent discharge is readily coagulated by the solution of permanganate and removed as dark brown shreds. I use the permanganate from 1 to 1,000 to 1 to 5,000. I prefer to begin the treatment with a strong solution, 1 to 1,000, and finish with a milder one.

The injections of permanganate in the urethra do not produce any pain or any burning sensation; they rather cause a mild anesthesia, and as well remove the pain and itching sensation, which annoy the patient suffering with gonorrheal posterior urethritis. Patients affected with posterior urethritis for a long time after receiving an irrigation with 1 to 2,000 permanganate of potassium, have very often said that they never felt so good as immediately after the injection.

After a few hours the patient says that he feels his urethra thicker, as if it were swollen, and there is an abundant mucous discharge from the urethra. Patients are usually much surprised to see the reappearance of the discharge and need assurance at this time. Continuing the use of the injections of permanganate of potassium, the discharge gradually becomes lighter until it stops entirely.

The efficacy of the irrigation with the solution of permanganate of potassium has also been highly praised by Ivan Black¹, who uses it exclusively in the treatment of posterior urethritis. In chronic posterior urethritis I prefer to use a mixed method, according to the intensity and the indications of the case. In a case of several months' duration, although the irrigation with the permanganate of potassium re-

¹ Zur Behandlung der blenorrhoischen Harnröhrenentzündungen. Mon. hefte für Tract. Dermat. Febr. 1898.

lieves the affection, yet in order to hasten the recovery I find of great advantage an injection with protargol solution, beginning with 1 to 400 and gradually reaching the strength of 1 to 100. When the case is an inveterate one, and when infiltration of the submucous layers has begun, then it requires more powerful applications, and I use a steel sound with holes to carry salve into the posterior urethra. For this purpose I fill up the holes of the sound with a salve consisting of ichthyol, 25 per cent, in vaseline, which I prepare at the time of the application. This is all that is required for the treatment of a chronic posterior urethritis.

The antigonorrheal properties of nitrate of silver have been recognized for a long time, and Ultzmann recommended the instillation of two drops of a solution of nitrate of silver, 5 per cent, into the posterior urethra in order to cauterize the prostatic region. The irritation produced by the nitrate of silver is very strong and vesical tenesmus is apt to result. Sometimes prostatitis and epididymitis are caused by these applications. The point was to obtain a silver preparation, rich in silver, which would not irritate the urethra. Recently the combination of nitrate of silver with different albuminous substances has been proposed and argentamin and argonin were introduced as therapeutic agents for gonorrhea. The first was highly praised by Schaeffer and the second by Jadassohn. However, argentamin, on account of its cauterizing quality, due to its strong alkaline reaction, was soon discarded. Argonin remained somewhat longer in the therapeutic field, but on account of its instability, being easily decomposed, it has also been abandoned. Dr. A. Eichengrün of Elberfeld succeeded in producing a preparation of silver combined with proteic substances, which he called protargol, very soluble in water and very rich in silver. It has the required qualities as an antigonorrheal remedy. It destroys the gonococci and does not cause irritation in the mucous membrane of the urethra. On the contrary, the protargol seems to produce an antiphlogistic property, as shown by Stark Thorn¹, who referred to several cases of acute gonorrhea accompanied with acute inflammation, which were greatly benefited by its application.

This remedy possesses, also, the property of penetrating deeply into the tissues and

so destroys the gonococci in the deeper submucous layers. Experiments have been made on cultures, and it has been found that the gonococci vegetating deeply in the culture medium are affected by this remedy to the same extent as are the others on the surface. For this reason Neisser² has called protargol a true antigonorrheal remedy, and so far it is widely used with very beneficial results.

The treatment which I have recently used for posterior urethritis is based on irrigations with permanganate of potassium, in strength varying from 1 to 5,000 to 1 to 1,000, in some cases through the Janet irrigator, in others through my recurrent catheter, which has been already described. In cases where subacute symptoms were still present, injections with protargol solutions, from 1 to 400 to 1 to 100, have been given, after the irrigation, through the same recurrent catheter, first washing the urethra with sterilized water in order to remove the permanganate solution. In injecting the protargol through the catheter I close the recurrent branch in order to leave the fluid somewhat longer in contact with the mucous surface. Inveterate cases, where infiltration of the submucous tissues has already begun, have been treated with ichthyol salve, 25 per cent, applied through the fenestrated steel sound, as previously described.

The criterion for judging the condition and extent of the affection has been the urine. When no more symptoms of urethritis were present, and when the urine was clear from shreds, the patient was discharged as recovered.

Eleven cases of posterior urethritis have been treated in the City Hospital during my last term. The age of the affection varied from four to eighteen months.

Five cases were limited to the posterior urethra, and six were complicated with epididymitis, while in one there was a wide stricture in parte bulbosa.

In the five uncomplicated cases very little discharge could be seen from the urethra, but the urine was cloudy and thick with shreds and mucopurulent secretion, micturition was very frequent, accompanied

¹ Monatshefte für Pract. Dermat. B XXVI. No. 8, 1898.

² Zur Behandlung der acuten Gonorrhoe. Dermatolog. Centralblatt. Berlin, No. 1, 1887.

with tenesmus, and in one case the last drops were mixed with blood.

Irrigations through the catheter with permanganate 1 to 5,000, contained for ten minutes every day, produced relief from the tenesmus, urination became not less frequent, and the cloudiness of the urine from day to day diminished. Every other day an injection was given with a solution of 1 to 200 protargol. There were no complaints of pain or of burning sensation, and no reaction. Nearly all the patients were discharged as cured after from two to four weeks' treatment.

In the other six cases the discharge was more abundant, in some it was purulent, containing gonococci. Epididymitis in some cases constituted a new relapse. Injections were given with permanganate of the same strength, through the Janet irrigator. At first the purulent discharge from the urethra increased, but the pain and swelling of the epididymus soon diminished. Indeed, I can say that epididymitis has been greatly benefited by irrigations of the posterior urethra.

Continuing the irrigations, the purulent appearance of the discharge ceased, remaining only a very light mucous fluid, in which no gonococci could be found. The treatment was finished with injections through the catheter with protargol 1 to 200.

In the case complicated with the wide stricture, every two days the fenestrated steel sound with ichthyol salve was inserted with good results.

In my private practice in the last six months I have treated thirty-three cases of posterior urethritis, some anterior and posterior, subacute and chronic in character, lasting from three months to three years. I can group all these cases into three classes:

1st. Subacute and chronic posterior urethritis without complications; 21 cases.

2d. Chronic posterior urethritis with epididymitis already developed before treatment commenced; 3 cases.

3d. Chronic posterior urethritis with infiltration of the tissues, wide stricture in parte bulbosa and membranosa, and some associated with neurasthenia; 9 cases.

The treatment for the first and second groups was limited to the irrigations with permanganate of potassium daily, and injections into the posterior urethra with the catheter every other day.

The third group was treated with irrigations through the catheter every day, and every three days the fenestrated sound was applied with ichthyol salve, 25 per cent.

The result in the first and second groups was, in that from two to four weeks no more complaints were heard and the urine became clear. In the third group there was great improvement. However, the use of the sound with ichthyol salve was continued once a week for a longer time. I must mention that in the epididymitis the external application of ichthyol salve, 25 to 50 per cent, in lanolin, has been of great advantage.

My clinical assistant, Dr. Heidingsfeld, has given me a table of 16 cases of posterior urethritis under his care, treated with the same method, which recovered in the same length of time.

Relapse occurs in 20 per cent of cases, usually caused by indiscretions.

In all the cases referred to, amounting to 60, treated with irrigations of permanganate and injections of protargol solution into the posterior urethra, no complication has developed on the part of the epididymus, vas deferens, etc.

Many will now ask the question, What are you going to do for the internal medication?

The use of balsams, which formerly was deemed indispensable in the treatment of gonorrhea, must be relegated to the times of the past. They must go into the same grave where the oil of parsley, the pepper, the theriaca and the celebrated mixture of Boerhave are lying.

We cannot deny a certain action of the copaiba, oil of turpentine, santalwood, etc., taken internally, on the mucous membrane of the urethra, which sometimes may be beneficial. But this local benefit is accompanied with so many inconveniences that if we can do without the use of the balsams it is much better.

The stomach often suffers a great deal, the patients are nauseated, the appetite is lost or becomes erratic, some are affected with erythema, and many patients cannot bear the balsams at all. The use of the balsams, especially copaiba, causes congestion and irritation in the parenchyma of the kidneys, which is revealed by acute pain in the

¹⁰ Über die Wirkung des Ostindischen Sandelholzoels beim Tripper, nebst einigen allgemeinen Bemerkungen. Mon. Hefte für Pract. Dermat. B. XXVI, No. 6.

lumbar region, and in some cases albumen appears in the urine. In my experience the often lamented kidney troubles, which are believed to be due to the spreading of the gonorrheal process, is nothing else than the result of the immoderate and protracted use of the balsams.

Copaiba, cubebæ and oil of turpentine have a rather irritant action also on the mucous membrane of the colli vesicæ, and when given in acute gonorrheal inflammations, are sometimes the cause of tenesmus and prostatic complications.

Santalwood oil, which is milder and less irritant, has taken to-day the place of the others, and by the generality of physicians is given as a specific in gonorrheal urethritis. In reference, however, to its merits and to the benefits obtained from it, nobody says anything, concluding that if it did not do so much good the fault was with the patient, who did not take a sufficient quantity of it.

Ivan Block¹⁰ has referred to the use of santalwood oil in the clinics of Dr. E. Saalfeld, claiming excellent results. In his own practice thirty cases of subacute and chronic gonorrhea were treated with the use of this balsamic oil, and he claims that in a few days he was able to stop the urethral discharge entirely, and the urine became clear from shreds. He maintains the opinions of Penzoldt and Lang in regard to the excellency of the results from the administration of santalwood oil.

Valentin¹¹ has found that gonococci grow in the urine of a man who has taken santalwood oil, and he concludes that this oil has no specific power on the bacteria.

H. Schulz¹² believes that the dilution of the resinous acids in the urine is so great that they cannot have any antiseptic properties. It seems, however, that the urine containing the principles of santalwood oil remains unaltered for a long time, as Schmiedeberg has observed. In one word, santalwood oil would impart to the urine, if not antiseptic, at least aseptic qualities.

I have used santalwood oil in my practice and I have had under my treatment patients who have taken large quantities of the drug, but they had kept their chronic pos-

terior urethritis for many months without signs of improvement.

I cannot deny a certain beneficial influence of santalwood in cases of cystitis colli, and sometimes a diminution of the discharge, but I have never seen a patient with posterior urethritis cured by the sole use of the balsams.

I do not wish to abuse the patience of my readers by continuing this discussion. I will only mention that in chronic complicated cases of posterior urethritis we need the use of the urethroscope and of the different dilators. However, this is out of the province of my paper, which is to show to the general practitioner an easy and convenient method of successful treatment for posterior urethritis, which will avoid troublesome and sad consequences.

I wish to recapitulate in brief the principles of the treatment for posterior urethritis.

1st. Irrigations with the Janet method in a recent case of gonorrhea will in many cases prevent posterior urethritis.

2d. Irrigations with the recurrent catheter with permanganate of potassium, followed by injections of protargol, will cure, in a relatively short time, a case of subacute posterior urethritis without complications.

3d. When chronic posterior urethritis, lasting for a long time, has caused infiltration of the submucous tissues, then the application of a sound with ichthyol salve gives the desired results.

Hysterectomy,

By DR. FLORUS F. LAWRENCE, Columbus, Ohio,
Surgeon to Columbus Hospital for Women
and Gynecologist to Union Mission
Free Dispensary.

The subject of hysterectomy is so pregnant with debated and debatable points that it would seem endless. I do not presume to be able to settle these disputed questions, but do hope to gather from the discussion some thoughts which will prove of value in my work.

I do not believe there are many gynecologists who do not think that the operation of hysterectomy has been carried to an extreme, seldom, if ever, equaled by any surgical procedure, a great many seeming to think all that is necessary to secure fame is to be able to report a long list of hyster-

¹⁰ Der Einfluss des Ol. Santal auf das Bakterienwachstum insbesondere der Gonökokken. Arch. f. Derm. und Syph. Bd. 32. 1895.

¹¹ Handb. der Allg. Therapie. Eulenburg und Samuel.

ectomies, regardless of the condition for which the operation is performed.

Surgery can only be considered an art whose foundation is a true science when the results achieved can be truly said to be necessary and permanent relief from conditions relievable in no other way. The sacrifice of any organ, or part of the human body, cannot be justified by the theory that that organ or part is useless after some other part is removed. The conditions which justify any other surgical procedure must ever hold good in hysterectomy.

Our first inquiry then should be, In what cases is hysterectomy a justifiable operation? The answer to this must be based not upon how many recover from the immediate effects of the operation, but upon the more important facts:

1st. How many would have died without it?

2d. How many would have been hopeless invalids without it?

3d. How many can be cured by other methods?

4th. The remote condition of those upon whom hysterectomy has been performed.

These four queries will cover the entire field in which hysterectomy has become the fad. To determine any or all of these will necessitate the discussion of all those conditions for which hysterectomy is performed. In the order of frequency it would probably be at present:

1st. Cancer; 2d. Pyosalpinx; 3d. Fibroma and myoma; 4th. Tuberculosis of ovaries and tubes; 5th. Prolapsus.

(One operator has recently reported 95 cases of hysterectomy performed by one method, this being about 25 per cent of all abdominal operations made by said operator. From this enormous percentage of hysterectomies but one conclusion can be drawn, viz.: that the indications for and justification of this operation should be more closely defined.)

Hysterectomy for cancer is, in my belief, an operation of doubtful utility, although some reports have recently been made which seem to indicate that its curative effect is sufficient to warrant the attempt.

In cancer the operation is justified by the fact that all die except complete and prompt removal by hysterectomy can be proven to save. Here even a cure of a very small percentage is undoubtedly a justification. The only question that can arise would be

whether the percentage who survive two or more years without recurrence when hysterectomy is performed is larger than the percentage in those in whom curetting and cauterization is practiced. From my own experience and observation I am inclined to doubt if hysterectomy promises as good.

Here, if we do perform hysterectomy, the choice between abdominal and vaginal may be one of discussion.

The freedom from shock, the absence of abdominal scar, diminished risk (apparent) of inflammatory sequelæ, undoubtedly render the vaginal route attractive. But when we remember that cancer extends by way of the lymphatics and, second, that the lymphatics of uterus, broad ligaments and ovaries and tubes are a continuous chain which empty into the lumbar lymphatics; third, that complete extirpation of all infected tissue is necessary to curative results, we are forced to recognize the futility of the vaginal route in all cases where the body or fundus is involved. In those cases limited to the cervix, the fact that the vaginal, cervical and part of vesical lymphatics are similarly a continuous chain, which empty into the inguinal, would indicate that hysterectomy for cervical cancer cannot promise great curative results. These anatomical considerations are abundantly supported by clinical results, it being pretty well established that cancer of the cervix is much more prone to early recurrence after hysterectomy than is cancer of the body or fundus.

In uterine cancer, then, hysterectomy, to be of any value, must be complete, and the abdominal route is to be preferred.

Recent years have developed among some operators the idea that pus tubes, particularly if bilateral, demand for their cure the removal of the uterus. This I believe to be a doctrine most pernicious, and one calculated to do violence to the best interests of gynecic surgery. The theory that the uterus becomes an object offensive and useless when the tubes and ovaries are removed is, anatomically at least, false, and should not be dignified by being recognized as a surgical fact. That there are cases in which it is necessary to perform hysterectomy when removing pus tubes no one can deny. They are those in which the walls of the uterus are the seat of abscesses. We have all seen such cases, but the removal of all uteri which have pus tubes extend-

ing from their horns is a doctrine of mutilation. The anatomy of the tubes, and the pathology of suppurative salpingitis furnish no grounds for the theory that the muscular wall of the uterus is infected in any except very old cases, or in cases where misdirected local treatment had been practiced, or in those of tubercular character.

In pus tube cases, then, we would say, hysterectomy should be limited to those in which the walls of the uterus are the seat of abscesses and in those of tubercular character where tubercle can be demonstrated in the uterine tissue.

In such cases hysterectomy should be the operation of election, because, first, death will probably follow a less radical operation; second, removal of the tubes and ovaries, even though not resulting in the immediate death of the patient, will still leave her a pelvic invalid; third, the suppurating uterus remaining a source of septic infection and a constant menace to the life of the patient; fourth, there is no other treatment effective.

If the cervix be not involved it should be retained.

The liability to involvement of the lumbar glands, extensive and high intestinal adhesions, which cannot be reached through a vaginal incision, and the necessity of complete removal of all infected tissues, render the abdominal incision not only more effective, but safer.

I do not believe the existence of adhesions between the uterus and other important structures, which it has been necessary to separate during operation, should be considered a justification for a performance of hysterectomy.

The life history of uterine fibroids has been so incompletely studied that but little positive information can be gained. That little, however, strongly indicates that fibroids of small or moderate size do not destroy life, that they disappear after the menopause and that they do not tend to malignant degeneration and are benefited by removal of tubes and ovaries; while fibroids of large size do destroy life, do not disappear after the menopause, are prone to take on malignant degeneration and are not benefited by removal of tubes and ovaries. Myomata, even though of moderate size, have a pronounced tendency to undergo malignant degeneration, frequently suppurate, are not benefited by the meno-

pause or removal of tubes and ovaries and do destroy life:

- 1st. By hemorrhage,
- 2d. By pressure upon kidneys,
- 3d. Causing peritonitis,
4. Septic infection (when they suppurate),
- 5th. Malignant degeneration.

From these facts the following deductions may be considered safe:

1st. Small fibroids, except when involving the lower segment of uterus, should be treated tentatively.

2d. Small fibroids involving the lower segment of uterus are liable to cause dangerous pressure upon important structures, uterus, iliac vessels and nerves, rectum, etc., and by secondary conditions cause death; hence should be treated in a young woman by removal of tubes and ovaries, electricity or hysterectomy, in the order named. Hysterectomy should, however, be determined upon only by careful study of the case, as in many no trouble can be traced directly to the fibroid which would justify so serious an operation.

3d. In small fibroids occurring early in life and involving the body of uterus and accompanied by severe hemorrhages, curetting, removal of tubes and ovaries, hysterectomy, should be the method of treatment, the choice being in the order named. It should be borne in mind that in these cases the endometritis is the chief factor in the hemorrhages, and a curettement, if thorough, can reasonably be expected to relieve.

4th. In small fibroids occurring near the menopause and causing hemorrhages, curetting, electricity, should be the rule, as the menopause will in the majority of cases complete the cure.

5th. In large fibroids or in those developing during or after the menopause, hysterectomy is our only resource. Electricity is futile, and removal of tubes and ovaries useless as well as frequently impossible.

6th. In myomata, all operations except hysterectomy are worse than useless. These cases are the ones in which the operative results are dependent more upon prompt and judicious work than any other condition of which I know.

Removal of tubes and ovaries in cases designated by Mr. Tait as "edematous myoma" is an operation which not only does no good, but is fraught with dangers much greater than are likely to follow hysterectomy; electricity is not only useless,

but predisposes to inflammatory changes, which cause adhesions and make later operations more dangerous. This I saw verified a number of times while I was a pupil of that prince of surgeons, Mr. Lawson Tait.

In tuberculosis of the tubes and ovaries it is so often but the local manifestation of a general constitutional infection that the success of any operative procedure will depend upon the care with which constitutional infection has been eliminated. If it be a purely local condition, the probabilities are strongly in favor of the infection having occurred through the genital tract, and if so, in the great majority of cases, the uterus will be found to contain tubercular deposits. The fact that the local condition forms a ready focus of constitutional infection renders operation for its removal early and complete imperative. The further fact that tuberculosis of these structures is not amenable to medical treatment renders the removal of all tissues involved equally imperative.

Hysterectomy should be the operation of election in these tubercular cases, because, first, the removal of the tubes and ovaries does not remove all of the infected tissue; second, except removed by operation completely, general tuberculosis and death follow in all cases.

Prolapsus or complete procidentia are not diseases. They are but the evidence of relaxation and weakened supports, conditions which do not tend to destroy life, do not produce chronic invalidism of themselves. Hence, the operation of hysterectomy cannot be justified upon either of these grounds. The fact that either a prolapse or a complete procidentia can be completely and permanently relieved by less radical measures would render the operation unjustifiable, shortening the broad ligaments or ventro-fixation, either, being safer and preserving the pelvic floor intact, at the same time proving effective.

The operation of hysterectomy probably more than that of any other surgical operation depends for its success more upon the technique than upon the selection of cases. I use the term success in the sense of its curative effects, and not in reference to immediate results. The choice of a method cannot be arbitrarily fixed. All methods, however, should be judged as to their effectiveness by, first, immediate safety from hemorrhage and other post-operative se-

quelæ; second, the restoration or rather preservation of a firm pelvic floor; third, the facility with which the operation can be done; fourth, the remote condition of the patient.

In some cases, as in tuberculosis and in suppurative cases in which the entire uterus is involved, total hysterectomy will undoubtedly produce best results, as will also be true of cancer cases.

In fibroids, myomata and pus tubes in which the uterus is not infected supra vaginal hysterectomy, while the more conservative, must necessarily produce better results, except in those cases of fibroids in which the cervix is involved to such an extent as to preclude forming a pedicle. The choice must then be between the intra-abdominal and the extra-peritoneal treatment of the pedicle.

It is a philosophical fact that, if we remove the support from a weight, or in any way weaken that support, we increase the liability of that weight to fall. The laws of nature cannot be controverted by surgical theories; hence, if we weaken the support of the abdominal contents, we must increase the danger of descent of those contents.

The broad ligament forms an arch, with the uterus as its keystone, and is the chief support of the abdominal contents. Removing the uterus involves removal of the center of the broad ligament, and whether the severed portions be stitched together or not, the strength of the support must be weakened.

The round ligaments cannot be considered anything more than guy ropes; they are not supports in the true sense of the word, except of the normal equilibrium of the uterus, hence stitching them into the stump after hysterectomy cannot be philosophically proven to prevent descent of the pelvic floor.

All other things being equal, that method which prevents descent of the pelvic floor should be given the preference.

In hysterectomy for pus tubes the retention of ligatures and sutures in tissue devitalized by suppuration and probably infected must render liable a continuation of a suppurative process, which may produce the death of our patient, and if not, will render her as much a pelvic invalid for a long period as did the condition for which we performed our operation. In these

cases, if the cervix be not involved, a pedicle can readily be formed. The extra-peritoneal treatment has in its favor, first, a shorter operation; second, that no ligature or suture remains within the peritoneal cavity. An operation combining the clamp and Baer methods would seemingly give us an ideal operation. A method which I have used in a limited number of cases (one of which was a pus case, the others fibroids) consists in using the temporary rope clamp as used by Mr. Tait, then removing the uterus by V-shaped incision from before backward, passing a ligature through in front of the broad ligaments, the other end being passed behind just above the rope, so as to include the end of the ovarian and uterine arteries and tying on the inside of the flap; this is repeated on the opposite side. Thus, two ligatures secure all bleeding points. The flaps are then stitched over the same as in the Baer operation. The parietal peritoneum is then stitched to the peritoneum of the stump, the same as in the clamp method. Two heavy silkworm gut sutures are then passed through the stump and through the abdominal wall the same as in ventro-fixation, and the wound closed. In this method we have all ligatures and sutures extra-peritoneal, no sloughing stump and yet have absolute security against descent of the pelvic floor. So far as I know, this method is new in one particular, at least, viz.: the manner of ligating the arteries similar to that in ovariectomy. So far it has proven satisfactory.

In hysterectomy for fibroids, where time is of such vital importance, I believe the clamp method to be the best, not only as to immediate results, but as to the future welfare of the patient. In myoma, where the pedicle consists of muscular tissue, which is ordinarily edematous, it certainly is not reasonable to suppose a ligature will prove an absolute safeguard against hemorrhage.

Many of our operators who are champions of the Baer method, and to hysterectomy for pus tubes, and are at the same time as earnestly devoted to ventro-fixation for retro-displacements, have unintentionally given us strong arguments in favor of some method by which the stump is fixed and all ligatures, sutures and raw surfaces are left extra-peritoneal, and against those methods in which the center of the pelvic arch is removed and the stump left dangling in a weakened pelvic floor.

If the natural supports are incapable of sustaining the normal uterus against the pressure of the abdominal contents, how can a weakened pelvic floor be reasonably expected to support them? If the danger of obstruction of the bowels by adhesions and other post-operative complications be common in operations for pus tubes, in which the uterus with ligatures attached to the stump of the tubes remain within the pelvic cavity, why may not these same post-operative sequelæ, with like frequency, follow the intra-peritoneal treatment of the stump in hysterectomy?

Report of Three Cases of Brain Tumor, with Special Reference to the Pathology of Neuroglioma and the Psychical Changes Caused by Brain Tumors.

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I. Psammo-sarcoma.

II. Tubercle.

III. Neuroglioma ganglionare.

Case I: M. A., age 45, Hungarian, coal miner, was admitted to this institution on January 5, 1897, with a rather indefinite history of mental impairment that is said to have followed an attack of typhoid fever, although an injury to the head (a fall) and masturbation were assigned by his relatives as etiological factors. After his recovery from typhoid fever it was noted that he was becoming careless and dull, with an occasional outburst of violence. His habits became very filthy; he seemed to have lost all interest in his surroundings and slept a great deal; he had not complained of headaches, nausea nor dimness of vision; at least these had not been noted by the physicians in charge previous to his admission here. Great disinclination to psychical and physical exertion and loss of memory developed early in the history of the case. No delusions nor hallucinations. There is little of interest in the personal or family history of the patient previous to the attack. He used alcohol and tobacco to excess. For the clinical history of the patient after his admission here I am indebted to Dr. B. C. Bowell.

The patient is a well-developed man, 45

years of age. His attitude is careless and expression dull. The pupils are somewhat dilated, but react normally to light and accommodation. No motor disorders of the eye muscles. Vision is apparently normal—the great mental dullness does not admit of a careful examination of the acuity and range of vision. Ophthalmoscopic examination could not be made.

Circulatory and respiratory organs are normal; pulse 72, regular and strong.

Digestive organs: Mucous membrane of mouth is pale; marked *fœtor ex ore*; teeth are crowded and irregular. Involuntary defecation. No vomiting since admitted.

Sensory symptoms: Patient complains of vertigo. No pain or paresthesia. Cutaneous sensibility normal. Localization good.

Motor symptoms: There is no paralysis, although the lower extremities show considerable paresis. A slight ataxia of the cerebellar type and a rather coarse tremor of the hands. The knee jerk is much exaggerated; no ankle clonus. The other muscle jerks and the cutaneous reflexes are normal.

Genitalia are normal. There has been an incontinence of urine for several weeks.

Psychical examination: The most marked psychical change is what may be termed psychoparesis or mental asthenia. There is considerable depression. Psychical and psychomotor reaction is much retarded. Emotional control is retained. Memory and imagination are markedly impaired. The patient's attention can be sustained with great difficulty only and then but for a short time. The working over (*Umarbeitung*) of sense impressions requires unusual effort, and even then is possible but to a limited degree. He is confused, dull and stupid. No delusions nor hallucinations can be elicited.

The mental and physical condition of patient continued with no further changes until March 3, 1897. At 5:30 p. m. on that day he complained of nausea, and shortly after was found in bathroom in an epileptiform seizure. Ten minutes later he vomited profusely. Unconsciousness continued until 6:50, when a second seizure occurred. Profound coma until death supervened at 8 p. m.

In the absence of a more reliable and extensive history as to vomiting, vertigo, headache, dimness of vision and convul-

sions and the demonstration of choked disc, brain tumor was hardly suspected. The symptom-complex of psychoparesis and the development of convulsions before death were responsible for the diagnosis of dementia paralytica.

The necropsy was made fourteen hours after death and recorded as follows: The corpse is that of a well-nourished male, 167 c. m. in length; estimated weight, 200 pounds. The entire face, neck, shoulders and dorsum show a marked degree of lividity. The post-mortem lividity is developed to a marked degree. Pupils are equal and considerably dilated. Panniculus adiposus in the abdominal walls measures $2\frac{1}{2}$ c. m. in thickness. The heart, lungs, spleen, liver, kidneys and intestinal tract are normal except that all the organs show much passive congestion.

The calvarium is of normal thickness; the markings on the inner surface are of the usual depth. The dura mater is very tense. Its inner surface is rather dry, very smooth and in close contact with the cerebral convulsions.

The leptomeninges are perfectly transparent and comparatively dry. The pial veins contain only small quantities of dark fluid blood. The surface of the brain is rather dry; the sulci are almost entirely obliterated. A decided sense of fluctuation is imparted to the palpating finger. The ventricles are enormously distended with clear, colorless fluid. The ependyma is normal. Attached to the choroid plexus of the left lateral ventricle is a tumor mass of oval shape measuring 4 c. m. in length. The mass tapers from its larger posterior extremity, which measures $1\frac{1}{2}$ c. m., to the narrow apex, measuring only $\frac{1}{2}$ c. m. Externally the tumor is quite smooth and shows only large irregularities.

The cut surface is of a grayish color with a few scattered hemorrhagic points. In some areas it is infiltrated with calcareous material. The tumor mass is adherent posteriorly and below to the thalamus opticus, but this body does not appear to be infiltrated. The anterior extremity is adherent to the corpus callosum and the left half of this commissure is considerably thickened. Aside from the results of pressure nothing further was detected.

Post-mortem diagnosis: Hydrocephalus internus; tumor cerebri; pleuritis adhesiva chronica levis. Small pieces excised from

portions of the tumor in which little or no calcareous infiltration had occurred fixed and hardened in formalin, corrosive sublimate and absolute alcohol. Pieces from the calcareous portion were decalcified in dilute nitrid acid and phloroglucin.

The sections made from the tissue that was decalcified are made up largely of mature connective tissue and blood vessels. Here and there areas are found between connective tissue bundles in which there are spindle-shaped cells. The blood-vessel walls are considerably thickened and there is quite an accumulation of spindle cells around some of them. In many areas calcareous material is still present. Many of the smaller vessels are much thickened and contain deposits of calcareous material that is especially noticeable in the media. Other vessels are entirely occluded and infiltrated with the lime salts. Here and there an area of calcareous material is found which seems to have no direct relation to the blood vessels; but few of these areas show a concentric arrangement. The larger posterior extremity of the tumor contains much less calcareous material and mature fibrous tissue. Sections from the area are rich in round and spindle cells. The largest and most elongated spindle cells stretch across the section in bands and do not seem to have any connection with blood vessels. There are all gradations, from round to spindle cells. Few laminated calcareous bodies, separate and distinct from the blood vessels, are found in this area.

There is still some doubt as to what properly constitutes a psammoma. The genuine primary psammoma is found in the pineal gland, the choroid plexus and on the membranes, especially the dura at the base. The so-called brain-sand formation is a physiological process in the pineal gland and the choroid plexus, and an abnormal increase of this brain sand, or acervulus, often gives rise to tumors usually no larger than a pea or cherry. It is this variety of tumors, if they can be called such, to which the term psammoma, or acerouloma, properly belongs (1). Oppenheim (2) and many others define them in a rather indefinite way as tumors, in which calcareous material is deposited, and in accordance with this view many cases have been reported as psammoma, which in reality were sarcomata, fibroma, gliomata, etc., in which lime salts had been deposited. It certainly does

not seem correct to designate a sarcoma or a glioma as psammoma for the sole reason that it happens to contain more or less deposit of this kind.

The tumor in our case must certainly be looked upon as a sarcoma and, inasmuch as it contains so much calcareous material, it is safe to speak of it as a psammo-sarcoma. If either term, singly, were chosen for this growth, it should certainly be sarcoma; for a considerable portion of the tumor mass as well as the entire area of the corpus callosum, which was infiltrated with neoplastic cells, is entirely free from the calcareous deposits. Among the largest of the psammomata that have been reported are those of Arnold—psammoma of the plexus choroideus of the third ventricle, the size of an apple; Petrina—a large psammoma of the dura at the base; Blanquinque—a psammoma the size of a pigeon's egg, of the pineal gland (2).

It is difficult to determine, in this case, the part played by the lesion of the corpus callosum in the production of the psychical symptoms noted here. Only one or two instances are recorded in which an antemortem diagnosis of tumor of the corpus callosum was made. Bristow (3) reviews the subject and believes that tumors in this area can be diagnosticated when the following positive and negative symptoms are present:

1. The gradual progression of symptoms noted in nearly all brain tumors.
2. The absence or very incomplete development of the general symptoms, such as headache, vomiting, neuritis, optica, apoplecticform or epileptiform attacks.
3. Marked disturbances of intelligence, stupidity, sopor and nonaphasic speech disturbances.
4. Hemiparesis, often combined with a slight paresis of the opposite side.
5. Absence of symptoms on the part of the cranial nerves.

In our case the internal hydrocephalus is sufficient to account for all the symptoms present.

Case II: Mrs. I. J., age 47, was admitted to the Illinois Eastern Hospital, July 2, 1897. The condition of the patient at the time of admission was such as to make it impossible for the clinician to make a thorough neurological examination, and the history prior to her admission could only be obtained from friends, whose observations

of the case were necessarily very imperfect.

The illness began about ten months after her last confinement—in June, 1892. The first symptom is said to have been numbness of the entire left side, which continued as the sole symptom for four months, until, at the end of this time, a complete left hemiplegia made its appearance. The eyes deviated to the right side; left pupil was dilated. The paralysis gradually disappeared and at the end of ten months from its onset the patient was able to leave her bed. More or less paresis of the left side remained for twenty-eight months and left her in a practically normal condition for five months. Then a second attack of left hemiplegia made its appearance, this time very gradually. Headache, vertigo, dimness of vision and very frequent vomiting were experienced from the beginning of the second hemiplegia and continued to the end. One year ago (July, 1896) general convulsions occurred, recurring, with varying frequency, to the time of her death. During the last year vomiting has been the most prominent of the general symptoms. Nothing definite could be learned as to the nature of the mental aberration, except that her speech was hesitating and incoherent. There was impairment of vision and hearing and marked loss of memory; no hallucinations.

At the time of admission the mental condition of the patient was one of extreme confusion and depression. She was very anemic and poorly nourished. The physical examination is recorded as follows: There is a moderate exophthalmus, more marked in the left eye; arcus senilis; pupils are equal, dilated and react only very feebly to light; accommodation normal; the visual field is approximately normal in outline, but vision is dim. No muscular incompetency in either eye. Hearing is much impaired on either side, but more so on the left. Muscles of left side of face are paretic. Fibrillary twitching in muscles about the mouth and chin.

The chest is well developed; lungs negative. Area of heart dullness normal, pulse 48; some sclerosis of radials. The heart sounds are forceful and distinct; an occasional reduplication of second sound. Sphymographic tracing shows distinct elasticity waves with only a bare suggestion of the dicrotic wave.

Examination of abdomen negative, except that the abdominal reflex could not be elicited.

There is universal muscular weakness, but no distinct paralysis. Sensation is normal. The knee jerk is absent; no ankle clonus.

The gynecological and urine examinations are negative.

There is a marked ataxia when the eyes are closed and a tendency to fall toward the right.

No illusions nor hallucinations. After admission the patient grew worse quite rapidly. The pulse became very weak, but remained slow until, shortly before death, it reached 108. About three hours before death there was a typical pulsus alternans, the alternate small elevations being almost imperceptible and auscultation of the heart revealed the corresponding alternately forceful and weak contractions. Exitus letalis at 2:30 p. m., July 18, 1897. Necropsy was made one hour after death.

The heart, liver, spleen and kidneys were normal. The left pleural cavity was entirely obliterated by readily separable adhesions. The lungs were somewhat emphysematus and the bronchi contained much very viscid turbid mucus.

The post-mortem findings in the head are recorded as follows: The calvarium is symmetrical, the sutures distinctly marked. The inner surface of the calvarium is quite rough. The frontal bones are relatively thicker than the others, measuring from 9 to 10 mm., whereas the occipital measures but 6 mm. The dura mater is tense, its internal surface rather dry. The surface of the brain is dry and the cerebral convolutions decidedly flattened. The cerebellum is somewhat atrophied. The basal vessels contain a few nodules of sclerosis. The left pedunculus cerebri is much larger than the right and is soft. The left optic tract is thinner and more ribbon-like than the right. The left temporo-sphenoidal lobe is relatively large and soft, except at its tip, where the consistence is increased. The pia mater is apparently not altered. The entire ventricular cavity contains a great excess of fluid; its ependyma is not altered except in the left descending horn, where it is very much softened and presents a roughened hemorrhagic surface with many fissures, the latter the result of manipulation. Almost the entire left temporal lobe is soft. At its

tip, involving principally the gyrus uncinatus, is a firm tumor mass made up of a grayish yellow, rather firm center, which is rather irregular in outline, and is surrounded by a wide gray zone containing a few punctate hemorrhagic areas. The tumor tissue shades off very gradually into the softened brain tissue.

In the right island of Reil is another smaller tumor, more regular in outline, measuring 1 cm. in outline. This tumor extends to the corpus striatum, but does not involve it. It is surrounded by a firm connective tissue capsule. Its center is made up of soft caseous material. The grayish peripheral zone of this tumor is very narrow.

The ependyma of the upper third of the floor of the fourth ventricle and the entire aqueduct of Sylvius is ragged and covered with clotted blood. No tumor mass could be detected in this vicinity, and sections through the pons do not reveal gross lesions aside from the softening of the ependyma and the tissue immediately subjacent. Small hemorrhagic areas are found scattered throughout the pons.

The cord shows no gross lesions—it is preserved in Mueller's fluid.

Specimens for microscopic sections were removed from the tumors and from the softened brain tissue beneath the ependyma of the descending horn of left ventricle.

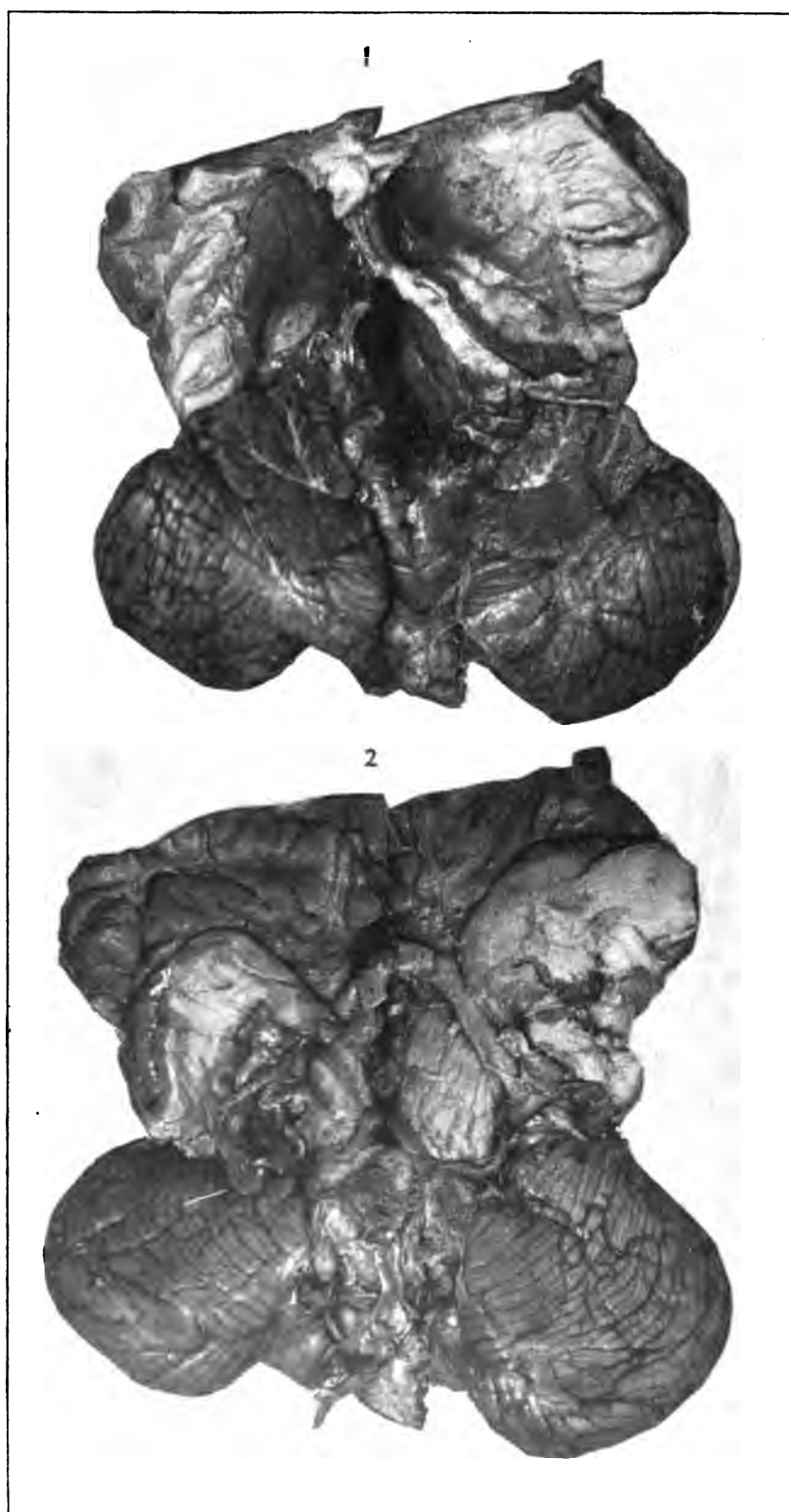
Microscopic examination of the tumor tissue shows that the center of the tumor is made up of numerous areas containing only granular amorphous material. Near the outer zone of the caseous center these necrotic areas are small and scattered, and numerous areas of round-cell infiltration separate them from each other. In the outer, more cellular zone there are a few small scattered tubercles. Giant cells are found in the periphery of the necrotic area; are more common, however, in the areas of perivascular infiltration. The softened cortex in the vicinity of the tumor has lost its characteristic histological structure. The pyramidal cells are sparse, the cell body stains only very faintly and the nucleus in many of the cells has entirely disappeared; in others it takes the stain but very faintly. The protoplasmic processes that can be traced for some little distance in the healthy cortex when thionin or methylene-blue is employed, are not visible here. A nucleolus is visible in a few of the pyramidal cells in

the preparations stained with thionin. The preparations made from the tumor in the right island of Reil show a very dense connective tissue band surrounding the entirely necrotic center.

Here and there cystic cavities appear in the tumor tissue (tip of left temporal lobe) that appear to be enormously distended perivascular spaces. Nearly all the vessels, but more particularly those in the periphery of the tumor, are enormously thickened. There is a marked proliferation of the endothelium, the muscularis is studded with round cells, and in many vessels there is an enormous zone of round-cell infiltration and connective tissue proliferation between the muscularis and external elastic lamina, and another zone between this lamina and the adventitia. Even the central necrotic zones contain some blood vessels, but they are few and their entire wall, save the endothelial layer, seems to have been destroyed. In some of the vessels there is a faint indication of a pre-existing vessel wall, but in others even the intima has been destroyed and groups of red blood cells and pigment are found here and there throughout the necrotic material.

Many sections were stained with carbol-fuchsin and searched carefully for tubercle bacilli, but none was demonstrated. Failure to demonstrate the bacilli of tuberculosis leaves some doubt as to the diagnosis of tubercle in this case.

From the histological structure per se it is impossible to differentiate between tuberculous and gummatous new growths; further evidence, however, favors the diagnosis of tubercle. According to Virchow (4) gummatous new growths have the following characteristics: They are angular, nodulated, with an uneven surface; are frequently in connection with the dura mater; are usually surrounded by a broad zone of gelatinous substance, and are not prone to undergo softening. Gummata are very rarely found deep in the brain substance, are usually multiple, and the meninges in the neighborhood almost always show syphilitic thickening. Birch-Hirschfeld (5) states that syphilomata often invade the dura mater and the cerebral substance from the leptomeninges. The dura mater is often thickened and adherent to the skull and leptomeninges, and this is especially true when the tumor is developed on the convexity. The possibility of the development, primar-



ily, of a gumma in the brain substance must be considered, but it is certainly a very rare occurrence. It is conceded by most authorities that giant cells are found in gummata, as well as in tubercles. Oppenheim (2) quotes Baumgarten as authority for the statement that the presence of giant cells in a supposed gumma is indicative of a mixed infection with the tubercle bacillus or a mistake in diagnosis. Many authorities are of the opinion that the tubercle also is apt to have its origin in the meninges and to involve the brain structure secondarily, but all agree that it is by no means rare to find tubercles deep in the brain structure, where there can be no possibility of an extension from the meninges.

Attention has been called to various histological differences in tubercle and gumma, but they are too slight to enable us to use them for differentiation in every case. It is possible that by a careful and detailed consideration of a given granulation tumor we may come to a reliable conclusion. In tubercle, after caseation occurs, it is apt to involve the entire center, and only the more or less regular peripheral zone contains living tissue. In gumma the caseous area is often traversed by bands of granulation tissue. Suppuration very rarely or never occurs in gummata. According to E. Klebs (6) the intercellular framework is much better developed in syphilomata. Even after a syphiloma becomes caseous it is much firmer than is the case in tubercle. Bruns (1) states that gummata are about surrounded by much cicatricial tissue and contain many sclerotic vessels. Tubercles are more apt to be surrounded by a zone of softened tissue. Klebs, Oppenheim and Bruns agree that the giant cell is essentially a product of tuberculosis. They refer to the cell made up of a homogeneous, hyaline-like protoplasm with one or more rows of oval nuclei at the periphery. Thickened vessels are found more frequently in gummata, but it is by no means rare to find them in tubercles. In the case under discussion there was no evidence of tuberculosis or syphilis in the other organs and no history of syphilis was obtained.

A careful examination of sections of the spinal cord stained after Weigert's hematoxylin and Marchi's methods fails to reveal a posterior column sclerosis. This is an interesting feature in this case, because of the controversy that has arisen over the

not infrequent combination of tabes dorsalis with brain tumors. Oppenheim (2) has observed a case in which there were symptoms that pointed to the coexistence of tabes dorsalis and brain tumor, and later demonstrated a typical posterior column degeneration. Knapp, Mendel, Drummond, Taylor, Handford, Coxwell and others have reported cases of this kind. C. Mayer and Dinkler have attributed the posterior column sclerosis to the pressure of the enormously increased cerebro-spinal fluid. In our case there was absence of the knee jerk, a marked ataxia and a reflex iridoplegia, which would very naturally lead one to think of a tabes dorsalis. Absence of the knee-jerk has been noted in cases of brain tumor in which no posterior column disease could be demonstrated. Ataxia has frequently been observed in bulbar lesions. In many of these cases it seems probable that the cerebellum or its peduncles were compressed, but there can be no doubt that lesions of the medulla or pons may, without compression of the cerebellum or its peduncles, give rise to a genuine ataxia of the cerebellar type.

(To be concluded next month.)

Fig. 1.—Brain stem of Case II, showing points of hemorrhage in floor of fourth ventricle.

Fig. 2.—Brain stem of Case II, showing difference in the size of the cerebral peduncles.

The Relationship Between the Genito-Urinary Tract and Rectum, in Operations Upon the Female, Which Should Receive Priority?

Dr. John L. Jelks read before the Mississippi Valley Medical Association, at its last meeting in Nashville, a paper with above title, the essential features of which may be found in the following advance abstract, kindly furnished us by the author:

The author finds sympathy between the rectum and diseases of pelvic viscera to be of great importance. Cerebro-spinal and sympathetic nervous systems are intimately associated, communication being formed between the sympathetic ganglia and the cerebro-spinal nerves, by both white and gray fibers. This relation is so intimate that they indeed "appear to be parts of one great whole." The sympathetic ganglia in

the pelvis is connected by interganglionic cords and communicating by other cords with the sacral ganglia and nerves.

More than usual importance should be given nerve supply of these parts. From the pelvic plexus of the sympathetic is supplied the rectum, bladder, vessiculæ seminales, vas deferens, prostate, vagina and uterus, with surrounding parts, muscles, skin and vessels. From the cerebro-spinal the pudic nerve alone supplies the rectum, perineum, vagina and external genitalia, including muscles and integuments.

From even slight disorders of the intestinal tract, therefore, severe reflex pain may be referred to perineum, urethra or ovaries. Chemical and germ poisons in the blood, by affecting the ganglionic centers or nerves, may frequently cause severe pain in the abdomen, as in other parts remote from point of inception of the poison. Continuation of the irritation, or source of this nerve disturbance, leads to an irreparable damage of the neuron.

The theory that first effect of irritation of the sympathetic cord is a contraction of arterioles is doubtless true, but this is in time overcome, and the vaso-dilator or inhibitory nerves gain control over the exhausting vaso-constrictors. Dilatation of the vessels of the diseased organ, and finally those of its sympathizing contiguous organs, may result, this being due to the atrophy, or else some altered condition of sympathetic nerve which supplies the part involved, then by extension along its continuity to its ganglionic center, and thence probably to other cords and ganglia.

The fact of frequent and early involvement of the rectum, after a cervix and perineal laceration, is not explained by mere contiguity of the parts. Pressure of the subinvolved and displaced uterus, the relinquishment of muscular support and vis a tergo et frontæ exerted upon the vessels of the pelvic floor may affect to some extent, but the continuity of their nerve supply with an associated change in the position of the vessels unfavorable to the return circulation from the entire or greater part of the pelvic floor and organs is much more potent. The intimate vascular and nervous relationship between the rectum and other pelvic organs, especially the genito-urinary, is, from both an anatomical and clinical standpoint, so constant that the gynecologist, rectal surgeon and genito-urinary surgeon must

needs often compare notes and view with an unselfish eye the picture presented to either.

A gynecologist should be as well prepared to remove hemorrhoids and treat an ulcerated rectum as to dissect a cicatrix from the cervix and repair a perineum. A rectal surgeon must often find that, though the rectum is involved to such an extent as to be bitterly complained of, the chief source of danger is a pustule or diseased ovary, or in another case that to relieve his patient and restore her to health and happiness he must also dissect from the cervix a cicatrix and repair a perineum; in still another case he may be required, at the same time, to sever a urethral stricture.

Almost without an exception, cases applying for repair of cervix and perineum will also present some rectal ulceration which may be sufficient to overthrow her entire nervous system. Proper treatment of these cases should never be omitted. A case is cited in which, while the rectal trouble had its beginning with and was a sequence of a changed relation of other pelvic organs and pathological conditions of uterus and pelvic floor, the rectal trouble had become such an important factor in the derangement of the cerebro-spinal and vaso-motor mechanism that it became of etiological importance.

Varicocele.*

By DR. F. E. KELLY, Lamoille, Illinois.

This is a common disease, and one which the laity is uncommonly ignorant of, and they are so uneasy about it that they are ready at all times to be humbugged by fakirs and quacks.

I wish to first refer to the patient, and last the surgeon who is applied to for operation. Patient is usually a young man; not being posted, is not so much to be blamed. He does not understand his trouble and the mails are flooded with literature proclaiming that they can cure the ailments arising from the indiscretions of youth, lost manhood, etc., setting forth all sorts of symptoms and showing that all sorts of things pertaining to youth may and do cause varicocele. The young man thus presents

* Read before the Mississippi Valley Medical Association Nashville, Tenn., October 11-14th. 1908.

a shining mark for the fakir, so he takes hold of the advertisement and continues to doctor until his patience or money, or both, is exhausted. He then comes to the conclusion to go to his family physician or surgeon, and remarks that he has paid out so many dollars for this appliance or that, and for medicine, and can afford to pay but little for the operation. Hence, if the regular surgeon does the work he usually does not receive the compensation to which he is justly entitled. I think physicians are often to blame for the lack of attention to these cases; they simply put them off and advise use of cold douche or suspensory and, no cure being effected, the patient falls an easy victim to the charlatan. Can the patient always find the physician that is proper and capable of doing the work? This may be impossible, but as much can be done by the doctor, if he will but take the necessary pains and interest, and pay attention to those cases as they come to him. He should give the right kind of advice and make public the following truths:

- 1st. That varicocele can be cured by the proper operation.
- 2d. That long-standing cases can be cured no other way.
- 3d. That the danger is nil, even if contrary to the statements of advertisers.
- 4th. That the sexual power and the testicle itself is in a better condition by this surgical interference, if properly performed.
- 5th. That an operation is successful when properly performed.
- 6th. The time that patient is laid up is short.
- 7th. That the usual train of symptoms leave the patient—pains, nervous sensations, etc.

Now what is varicocele? Many will answer, a varicose condition of the spermatic veins, and localized swelling of scrotum. This would be taken as a true general answer, but as to the cause of varicocele opinions differ. I will briefly refer to some of them.

Taylor says causes are: "The entrance of the left spermatic vein at right angles into the corresponding renal vein. Pressure on spermatic vein by rectal and intestinal distention and by tumors in the groin and within the abdomen." Incompleteness of the cremaster muscle may act as a contributory cause. The opinions of some surgeons is that the veins forming the pampiniform

plexus are large, they follow a devious course along the spermatic cord and, furthermore, the vessels of this plexus very frequently anastomose, the valves are few in number, and, being defective, yielding to downward pressure upon the veins as they crease the prospect of varicocele.

Quinn's description is likely the best one in the text-books, viz.: The spermatic veins proceed upward from the testicle and epididymis and form, in the spermatic cord, a thick plexus of convoluted vessels known as the spermatic pampiniform plexus, passing through the inguinal canal. In the abdomen, in company with the spermatic artery, the branches from this plexus join in two or three veins, and these again unite into a single vessel, which ascends beneath the peritoneum on the surface of the psoas muscle, opening on the right side into the vena cava, and on the left into the renal vein. The left vein is always longer and larger than the right; it also receives one or, more generally, two branches from the descending colon.

A constitutional lack of tone is rarely considered with the importance or weight that it should be. The very same cause that will produce lax venous walls will produce feeble heart action, which is most important, inasmuch as it has to do with propelling the blood through the veins. Varices are prone to occur in people of indolent habits.

Relation of varicocele to public service: This trouble has been of some note to the military surgeons, especially in examinations for the United States enlistments. I found, in examining recruits for the late Spanish-American war, this disease was very common. That the left side was almost invariably the side affected. Also that the recruits from towns were more frequently afflicted than those from the country. Why this is the case I am unable to say. Why on left side the most frequent, I think is due to lower position of testis. The angle formed by the junction of the left spermatic vein with the renal vein and the close proximity of the vein to the sigmoid flexure of the colon are important features. Exposure to pressure in constipation, the absence of valves in left vein, and the tendency of man to stand on left foot, may each and all be contributory elements.

As to the effect of the varicocele with relation to sexual derangements, I would say that there are many causes, no doubt, that

point to venereal excitement without gratification; also masturbation. When tissue development is in progress, then the resisting power in the structures is not the strongest, congestion and finally dilatation of the plexus take place.

Mechanical causes, lifting heavy weights, athletic strains and pressure of a truss.

Period of development occurs more frequently from ages of fifteen to thirty-five.

Morbid anatomy: Very few changes, mainly of dilatation and tortuosity of the veins, loss of elasticity, thickening of the walls of the veins, phlebitis; inflammatory changes may occur; the tunica vaginalis may contain some fluid. Testicle of the affected side rarely retains structural integrity. Atrophy may or may not occur. Symptoms are familiar.

Some of the complications: The most dangerous, although rare, is scrotal hematocoele. Phlebitis would be important in this event. Traumatic injury may produce an inflammation and thrombus; occasionally a large blood tumor may form. Atrophy of the testis will surely take place sooner or later in bad cases.

Microscopic examination has shown absence of spermatozoa. If the patient has one testis affected the other is subject to the disease, hence by operation for varicocele, if the one is saved we ordinarily preserve the patient from complete impotence, a practical point surely.

Now as to the treatment: Numerous methods have been suggested by the authorities. In very mild forms of varicocele the palliative might be mentioned. Mental annoyance may be avoided often by sound advice; sexual advice is important; hygiene must be observed and you will keep your patient clear of the charlatan. Slight spermatic congestion may disappear on removal of some cause producing it, e. g., constipation. Marriage in some cases. All seem to agree upon the necessity of attention to the bowels, temperate habits in all things; exercise short of fatigue. Shower bath is valuable. Use suspensory during violent exercise. No purgatives should be given, but medicine to relieve hepatic torpor is advisable; minute doses of calomel are best. Remedies for their tonic effect, iron, strychnine, medicine that acts on the veins, hamamelis, etc., cold applications. Some results have sometimes followed the use of some of such appliances as compressors, but not much. Astringents have been

injected to produce coagulation, but it is dangerous. Sloughing, cellulitis, orchitis, tetanus, phlebitis or sepsis may follow such a course.

Operation for radical cure and indications for the same are:

1st. When the volume is large with deformity.

2d. Reflex pain.

3d. Impairment of sexual function.

4th. Irritation of scrotum and interference with occupation.

5th. When testis is reduced in size or opposite testis is diseased.

6th. Mental worry, etc.

7th. Prevents entering public service.

8th. When hydrocele or hernia exist and are operable.

Contraindications for the operation may be, in advance, mental disease, disease of testicle, recent thrombosis, heart diseases, tumor of abdomen or organic diseases of liver.

Mode of operation: Sir Ashley Cooper is the father of all operations for excision of redundant scrotum. Bennett's operation was resection of the veins and shortening the spermatic cord.

This is my ideal of the radical method of cure. I give it in detail. Anesthetize the patient, shave the pubes, make the parts antiseptic and surgically clean. Veins are made prominent, and put somewhat on the stretch, by grasping the varicocele between the fingers and thumb of the left hand, care being taken at the same time that the vas deferens is pressed back out of harm's way. Through the skin over the veins thus rendered prominent an incision is made, which in no case need exceed an inch in length; one or two touches of the scalpel will now suffice, the veins being pressed well forward to expose the thin fascia immediately surrounding the varicocele, and through which the vessels can be clearly seen. The knife is now laid aside, the veins not having been actually denuded. By means of an aneurism needle or eyed probe a thoroughly carbolized tendon is passed around the fascia referred to, with its testes, as is thought proper; it is then securely tied, the ends being left long. The varicocele above this ligature is then freed, together with its sheath, from the surrounding parts, by a few sweeps of the finger, for a distance sufficient to allow of the length previously decided upon, in the manner indicated above,

as appropriate for excision, to be drawn out of the wound. A second tendon is now passed around the upper end of the freed veins as near the external abdominal ring as practicable, and tied in single knot only. This is kept tight by an assistant. The portion of the varicocele included between the ligatures is divided above and below about a quarter of an inch (not less) from the corresponding ligature and removed; the upper ligature is then finally tightened and its knotting completed, the ends being left long, as before. The wound having been freely irrigated with warm sublimate solution and all bleeding (be it ever so slight) arrested, one of the ends of the ligature above and below is threaded on a needle and passed through the corresponding stump between the cut and ligature.

The stumps are then brought together and kept accurately in contact by knotting the ends of the upper ligature to those of the lower. Finally the ligature ends are cut short and the operation is completed; the edges of the skin fall together. There is no need for either suture or drainage tube, and all that remains necessary is the careful application of the antiseptic dressing.

The Relief is not only a hospital ship, but also a supply ship. Two tons of ice are manufactured and 1,500 gallons of distilled water are produced by her daily. There are 360 beds in the wards of the ship, and in addition there are 750 folding cots and 650 extra mattresses. Through the contributions of patriotic citizens all over the country the ship is supplied with an abundance of wines, medicines, dressings, etc.—Standard.

For the first time in the history of the American army a woman was appointed a member of the medical staff. Dr. Anita Newcomb McGee, wife of Professor W. J. McGee of Washington, daughter of Professor Simon Newcomb, formerly of the naval observatory, was regularly sworn in as an acting assistant surgeon.

This, according to Secretary Alger's order, would entitle her to the uniform of a second lieutenant, without designation of rank. It is not likely, however, that Dr. McGee will avail herself of this privilege.

THE MEDICAL LIBRARY.

Vierordt's Medical Diagnosis.

Fourth edition; revised. Medical diagnosis. By Dr. Oswald Vierordt, Professor of Medicine at the University of Heidelberg. Translated, with additions, from the fifth enlarged German edition, with the author's permission, by Francis H. Stuart, A. M., M. D. Handsome royal octavo volume of 600 pages; 194 fine wood cuts in text, many of them in colors. Cloth, \$4.00 net; sheep or half morocco, \$5.00 net; half russia, \$5.50 net. Published by W. B. Saunders, Philadelphia, Pa.

It will be admitted that a correct diagnosis is the most important element in our efforts to clear the practice of medicine from the charge of empiricism. This, in connection with recent advancement in the department of general medicine, makes any such work as the above a welcome addition to our libraries. So much the more if the book be one of particular merit.

An appropriate review of this volume would require more space than our modest columns permit, but we give a general idea of its thoroughness and comprehensiveness by an abstract of its contents:

Part II relates to the general examination—

1. Physical condition, generally.
2. Position of the patient.
4. Skin and cellular tissue, with indications of the various conditions—pale, red, blue, yellow, bronze or gray skin. The exanthemata. Hemorrhages in the skin. Scars.
5. Temperature, elevated and subnormal.

Part III—The respiratory apparatus—

1. The nose and larynx.
2. The lungs, topography of, anatomical relations.
3. Inspection of thorax. Respiration.
4. Palpation of thorax.
5. Percussion of thorax. Methods and sounds. Normal and abnormal sounds over the lungs.
6. Auscultation of the lungs. Sounds, normal and pathological, with full discussion of the latter.
7. Diagnostic study of fluid obtained by puncture.
8. Expectoration. Sputum, characteristics.

9. Examination of the heart.
10. Inspection and percussion of the heart. Displacements.
11. Auscultation of the heart. Murmurs.
12. Arteries. The pulse, its significance. Sphygmograph.
13. The veins, with examination of the blood.
14. The digestive apparatus, including mouth, esophagus, stomach, intestines, liver, spleen, pancreas, vomiting (character of and character of vomit) and feces.
15. The urinary apparatus, kidneys, ureters and bladder. Examination of the urine.
16. The nervous system, methods of examination. Disturbances of sensibility, of motility, of speech.

With an appendix containing valuable chapters on laryngoscopy, rhinoscopy, otoscopy ophthalmoscopy and bacteria of internal diseases.

The author avoids a possible criticism on the insertion of this appendix by saying that those chapters are only an outline to assist, so far as these pathological conditions may be connected with internal diseases. The subject-matter of the work is much improved by the author's last revision; the illustrations are better and more abundant. There yet, nevertheless, would be further improvement if more illustrations were used in the volume.

A volume by such an authority as Vierordt is not only valuable, but indispensable, to anyone making an honest effort to keep pace with the progress of medicine. Such a condensed comprehensiveness, with practical reliability, is rarely found in medical literature.

The Care of the Baby.

By J. P. Crozer Griffith, M. D., Clinical Professor of Diseases of Children, University of Pennsylvania; Physician to the Children's Hospital, Philadelphia, etc. 404 pages, with 67 illustrations in the text and 5 plates. 12mo. Price, \$1.50. Second edition; revised. Published by W. B. Saunders, Philadelphia.

This volume is intended particularly as a manual for mothers and nurses. In the text the author repeatedly affirms and emphasizes the statement that the work, as a whole, and particularly the chapter on "The Sick Baby," is not intended to supplant the

physician, but only to supply reliable information for emergencies. To us it seems much more advisable to recommend such a book to families, than to encourage their reference to and dependence upon "The Family Physician," with which every library is supplied, until it is often too late for the legitimate family physician to do anything in the case.

The text is written in a plain yet scientific style, which, while accurate, may be understood and appreciated by an ordinary intelligence.

Of particular value and interest are the chapters on the baby's clothes, feeding the baby, sleep, exercise and training, physical, mental and moral, and a large portion of the chapter on the sick baby. The appendix is a very practical addition and is itself worth the price of the book.

Essentials of Materia Medica and Therapeutics.

By Henry Morris, M. D., of Philadelphia. Fifth edition, revised and enlarged. Published by W. B. Saunders, 925 Walnut street, Philadelphia. Price \$1.00.

This volume is number 7 of the Question Compend Series. In preparation it is intended especially for the medical student, but may be to the physician as well a most valuable ready reference book. Especially will it be valuable to the physician in the department of prescription writing, in which particular they are notoriously weak as a class. Nor has this notoriety been gained without some reason.

The fact that the Question Compend Series has reached a sale of more than 160,000 copies is indubitable proof of their reliability. There is no one among the number which we can more highly recommend, though at the same time we desire to be understood as advising this short volume as only an adjunct to the much more valuable work of Butler or others, and not in any manner presuming it as a self-sufficient work on the general subject of therapeutics and pharmacology.

As a help to the student or reference for the busy physician it is invaluable.

So great is the popularity of Duke Carl Theodore of Bavaria, who practises as a physician, that last year he attended over 5,000 patients and performed 200 operations for diseases of the eye.

THE CHICAGO CLINICAL SCHOOL.

The following operations were performed in the West Side Hospital, during the month of September, the students in attendance at the Chicago Clinical School being present:

- Appendicitis—
 Appendectomy (3 cases).
 Emergency operation (3 cases).
 Removal of Traumatic Cataract.
 Trachelorrhaphy and Perineorrhaphy (3 cases).
 Trachelorrhaphy and Perineorrhaphy with curettage.
 Hemorrhoids and Fistula—Perineorrhaphy.
 Perineorrhaphy (2 cases).
 Actinomycosis—Drained.
 Pyosalpinx—
 Laparotomy (4 cases).
 Intestinal Obstruction—
 Laparotomy.
 General Peritonitis—
 Laparotomy.
 Ovarian Cyst—Laparotomy.
 Ovaritis-Pyosalpinx—
 Laparotomy (3 cases).
 Inguinal Hernia—
 Bassini operation.
 Inguinal Hernia, double—
 Bassini operation.
 Inguinal Hernia, strangulated—
 Operation.
 Oblique Hernia and Double Hydrocele—
 Resection of Sac and Bassini.
 Abscess of Chest—Drained.
 Tubercular Glands of Neck—
 Extirpated (3 cases).
 Scalp Wound—Repaired.
 Sebaceous Cyst—
 Extirpated (2 cases).
 Carcinoma of Breast—Removed (2 cases).
 Deflected Septum—Operation (2 cases).
 Fracture of Skull Depression—
 Trepined.
 Inguinal Adenitis—Removed.
 Osteo-myelitis of Tibia—
 Chiseled.
 Tubercular Testicle—
 Castration (2 cases).
 Tubercular Kidney—Nephrotomy.
 Tubercular Peritonitis—
 Laparotomy.
 Gastric Ulcer—
 Gastro-enterostomy.
 Tubercular Spermatic Cord.
- Appendicitis—
 Perforation and Internal Hemorrhage.
 Appendectomy.
 Keloid Tumor—Removed.
 Hemorrhoids—
 Clamp and Cautery.
 Ligation (2 cases).
 Abscess of Antrum—Drained.
 Curettage of Uterus.
 Curettage, Perineorrhaphy and Removal of Coccyx.
 Varicose Veins—Ligation (2 cases).
 Varicocele and Varicose Veins—
 Ligation.
 Post-nasal Adenoids—
 Removal (10 cases).
 Fracture of Forearm—Reduced (2 cases).
 Epithelioma of Nose—
 Removed.
 Patellar Bursa—Removed.
 Cataract—Extraction.
 Tonsillotomy—
 (7 cases).
 Large Fibroid Myoma—
 Laparotomy.
 Femoral Hernia—
 Operation.
 Floating Kidney—
 Nephrorraphy.
 Infected Fracture of Forearm.
 Carcinoma of Tongue—
 Amputation.
 Malignant Tumor of Rectum—
 Kraske Op. and Artificial Anus.
 Stricture of Urethra—
 External and Internal Urethrotomy.
 Iridectomy.
 Infected Finger—
 Amputation.
 Torticollis—
 Operation.
 Pelvic Abscess—
 Drained.
 Abscess of Broad Ligament—
 Drained.
 Circumcision—
 (3 cases).
 Biliary Fistula—
 Repaired.
 Cleft Palate and Harelip—
 Repaired.
 Stab Wound of Abdomen.
 Alveolar Abscess—
 Drained.
 (101 cases).

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TRAIN THE HANDS.

Doubtless those who are ambidextrous realize most fully the advantage such capacity gives them. The surgeon will especially appreciate how great a convenience such is if he has it either by nature or acquirement. The matter of being equally facile with either hand, being an acquirement necessitating only the possession and nature's normal endowments, it does seem very strange that physicians, as a rule, and all surgeons, without exception, would not become ambidextrous to a greater or less degree. Especially does this seem peculiar when they each one know, and preach the same theory daily to their patients, that if they would only force the awkward member to perform the little routine duties of ordinary life for a matter of a few weeks or months they would become ambidexters to a considerable degree almost unconsciously and before they knew it.

It is to be hoped that those members of the profession who have growing sons whom they hope to see lifting the burden

from their shoulders in the coming years will give them the advantage of ambidexterity, which costs only a little trouble and patience, even if they are foolish enough to lead them to the study of medicine.

But there is more than the matter of ambidexterity in the training of the hands. True enough, the above would, under ordinary circumstances, lead to a finer tactile sensibility than is usually received by natural endowment, but yet all the possible good and the maximum of advantage have not been attained, for unless the hand convey to the brain a well defined and distinctly determinate impression, even when the subjective source of such impression was something less than a hammer, a cautery or a needle point, then the hand is not functioning to the utmost of its capacity, nor even to the point of practical utility.

We hear hundreds of physicians and surgeons complaining of an unkind world and a still more unsympathetic profession, and yet the chances are a hundred to one they have not given themselves that mental and physical training in those various little specialties, not the least of which is the training of the hand, which combine to make the physician popular and the surgeon noted. They have in a large measure failed to grasp the indubitable fact that it is not the performance of especially wonderful feats which make men noted in the medical profession, but rather the performance of ordinary work in a peculiarly effective manner; not because they are more highly endowed, but because they have developed their natural endowments to highest ideals of power and excellence. They have given a vitality to the mechanism of existence above their fellows.

A trained hand does not simply mean the

skillful manipulation of the knife with a beautiful and exact technique. It means just as much the hand that will with certainty detect a floating kidney through an adipose abdomen; that will detect a small intramural fibroma in a uterus; that will detect the less serious pathological conditions of the adnexa; that will determine the position of the spleen or pancreas; that will diagnose atheroma, aneurism or valvular disease by feeling the pulse; that will determine the difference between hypertrophy and turgescence in any palpable viscus or membrane; these and a hundred other such accomplishments are as ordinary duty to the trained hand.

While very much may be accomplished by a vigorous course of determined training in adult life, yet so much more may be done, and that so much more easily in early youth and adolescence, that it is infinitely more satisfactory if this training of the hand be done at that period of life. Encourage all mechanical tendencies in the child, give them, and advise parents to give them, toys requiring all possible manual dexterity in manipulation, teach them both hands, neither right nor left, and they will be naturally ambidextrous and their fingers will be eloquent. C.

THE MISSISSIPPI VALLEY MEDICAL.

The twenty-fourth annual meeting of this prominent association was called to order, according to program, in Nashville, October 11, by Dr. Duncan Eve, chairman of the committee of arrangements.

After an eloquent invocation by Rev. Dr. Vance, Dr. Eve introduced Hon. J. M. Head, who delivered a genial welcome to the state and city. Dr. C. S. Briggs then

made the visitors feel perfectly at home by a fraternal welcome on behalf of the profession of Nashville.

After announcements by the committee of arrangements and the annual reports of the various officers, the president, Dr. John Young Brown, delivered a thoroughly practical address, containing many suggestions of importance, many or all of which might be adopted with great benefit to the working members of the association. The remainder of the day was taken up in the reading and discussion of papers, many of which were of unusual scientific and practical worth.

In the evening the gentlemen visitors were tendered an informal banquet at the Duncan Hotel. This was one of the most genial and pleasant affairs it has ever been our good fortune to attend. The toastmaster, Dr. Stephens, was a past-master at the art of introduction, and the responses, each and all, were exceptionally brilliant efforts. Meanwhile the ladies were being entertained at a theater party by the ladies' committee of entertainment.

On the morning of the second day Dr. Jas. T. Whittaker of Cincinnati delivered the address on Medicine, the subject being "Diabetes Mellitus." It is almost needless to say the address was a classic one, both from scientific and literary standpoint. Such an one was expected from the speaker and the hearers were not in the least disappointed.

In the evening a formal reception was tendered by the physicians of Nashville, with their wives and daughters, at the Maxwell House. This was followed by a luncheon and dancing in the dining-room. Meanwhile Chicago's versatile entertainer,

Col. Vischer, was reciting a few lines and springing some new jokes on the assembly.

On Thursday morning, after prayer by Rev. Cotton, Dr. George Ben Johnston of Richmond, Va., delivered the address on Surgery, taking as a title, "The Surgery of the Kidney." The address was a concise resumé of this department of surgery to date and was replete with points of practical interest to all who do anything in a surgical way.

The remainder of the day was occupied by the papers on the program and in the fruitless effort to catch up with the scheduled time of the program.

In the evening the members of the Wednesday Morning Musical Club tendered a musicale at their club rooms, which for artistic excellence was indeed a charming treat. We would, if space permitted and we did not fear the implication of flatterer, mention each performer and give the list of membership of the club. Nashville, or any other city, may well be proud of such an organization.

On Friday morning the report of the committee on nominations was received and adopted as reported, following which several of the most valuable papers of the meeting were read and discussed. Among these may be mentioned that of Dr. Jaques of Chicago, on "Direct Diagnosis of Diphtheria," Dr. Ravogli of Cincinnati, on "Practical Points in the Treatment of Posterior Urethritis" (an abstract of this paper appears in this issue of the Clinic), and Dr. Bate of Louisville, on "The Arthritic Diathesis."

The newly elected officers were as follows:

President, Dr. Duncan Eve, Nashville, Tenn.; first vice-president, Dr. A. J. Ochsen, Chicago, Ill.; second vice-president, Dr. J. C. Morfit, St. Louis, Mo.; secretary, Dr. Henry E. Tuley, Louisville, Ky. (III W. Ky. St.); treasurer, Dr. Dudley S. Reynolds, Louisville, Ky.

C.

PRACTICAL MEDICAL PAPERS.

We apprehend that the editorial we of the Chicago Clinic may be permitted with pardonable pride to call especial attention at this time to the character of the original articles with which our readers have in this month and the recent past been favored.

We flatter ourselves that we have reached that point where our pigeon-hole labeled "original" is crowded, and that we can afford to select from the material on hand such as is considered practical and valuable.

The Clinic has not attempted nor desired a reputation as deeply scientific, believing that more good could be accomplished, and more readers and friends acquired, by a plain, practical, concise character in its original and abstract columns. Yet with this effort has been combined the equally important one of presenting material that was a credit to the English language, and an exemplar of our constant and unrelenting plea for a higher preliminary education.

In this month's issue will be found one of the best productions on the treatment of Posterior Urethritis it has been our opportunity to read in recent years. Coming from such an authority as Prof. Ravogli, it cannot but be of the greatest interest to anyone who has, or ever has had, even the most limited experience in venereal practice. We regret that our space precluded a publication of this paper in extenso, but this abstract, however, contains the salient features of the paper.

The article by Prof. F. H. Montgomery is certainly one of practical value to every practitioner. The whole subject of Facial

Eczema is so clearly differentiated that it would seem a student could make the diagnosis after a study of this paper. The author does not enter into the discussion of treatment, but wisely sticks to his text.

Dr. A. F. Lemke, well known as one of the hardest workers in this medical center, breaks away from his microscope and incubating tubes long enough to give us the very interesting and instructive history of several brain tumors, and the psychical changes caused by them. Ordinarily we do not accept papers which are too lengthy for the space at our disposal, but we feel in this case that neither the interest in the paper will be lost, as our circulation is one of readers, nor will we be open to the criticism of "a continued story" for this single infraction.

The paper by Dr. Lawrence on Hysterectomy is a classical production on this almost threadbare, yet vitally important, subject. Those who may be acquainted with the author will recognize the fearless, enthusiastic, common sense personality of the man infused into the sentences; and others cannot help but acknowledge that his statements are founded on clinical fact and logical deduction.

In last month's issue we presented two well illustrated articles, that by Dr. Sherwood having even more than the ordinary interest which usually attaches to anomalies of any sort. The paper of Dr. Davison was not only one of great surgical interest and importance, but was illustrated as few books, and we believe no journals, have yet attempted. The feat of photographing the patient while on his back, and during the operation, has seldom, if ever, been accomplished as it was in this instance by Dr. Davison, and his assistant, Dr. Hunter.

We might with equal deserts and propriety refer to the papers on Fracture, Senile Prostate, Life Insurance Examiner, or the various surgical and gynecological papers presented in the past months. But fearing the execrations of those whose names might be omitted, as well as the maledictions of some kind friend, who will accuse us of "blowing our own horn" too ostentatiously, we cease without so much as referring to a remittance for subscriptions past due. C.

A FEW SNAP-SHOTS TAKEN AT THE NASHVILLE MEETING.

The members who went to Nashville over the Monon road, not only had the pleasure of a visit to Manmouth Cave, but were handsomely entertained at breakfast Monday morning by the Louisville Commercial Club and its genial president, Mr. Bacon. Drs. Tuley and Reynolds were among those present.

The attendance was much below the average in point of numbers. The interest manifested scarcely warrants the use of the time-worn expression that it made up for the absence of the many old familiar faces. The yellow fever scare was made the most plausible reason for the slim attendance, yet this only excused those south of Memphis.

It seemed indeed quite lonesome at times to not meet the old familiar faces of those whom heretofore distance has not kept away. Among those whom we might specifically call to account for absence were Scott, Walker, Parker, Barclay, Love, Moyer, Loeb, Buchman, "Cal" Reed, Ben Whitmore, Crile, Wheaton, C. R. Holmes, Cook and others. We hope Chicago will be magnet enough to draw them all with us next year.

The exhibitors all speak in high terms of the treatment they received at the hands of the local committee of arrangements. While they had hoped for a larger attendance, the accommodations were such that they accomplished quite as much as could be expected with those in attendance. Several new faces were to be seen among the exhibitors. Among them were the Maple-line Company, with their new laxative compound, represented by Mr. E. C. Smith, a most affable and intelligent gentleman; the Pneumochemic Company, represented by Dr. Robertson; the Pulvula Chemical Company, by Dr. Fairchild, and the Pasteurine preparations in charge of Mr. Milliken.

Notwithstanding the absence of many of the old wheel horses, there was the usual amount of wire-pulling and scheming. On former occasions this same element of "rail-rovers" has caused no end of contention and criticism by some of their measures and methods. They came so nearly being taught a wholesome lesson on this occasion that it will bear repeating. The state had been made and the nominating committee were ready to make their report; the machine had worked just "lovely," so Louisville went home Thursday evening perfectly confident that all would go well. It did do so, but only by the good fortune that President Brown inducted the new officers to their seats rather earlier on Friday morning than has been customary in the association, otherwise the names of those appearing as vice-presidents might have read differently, inasmuch as the first vice-president was made such directly against his earnest request and repeated objections, and the second vice-president, while a young man of handsome appearance and no

mean ability, had never before attended a meeting of the organization. Cooler heads and wiser council prevailed, however, and no formal action was taken.

Chicago expected the only thing necessary to secure the next meeting of the association was to send a formal invitation. Her representatives, however, found in the doughty Milliken of Dallas and the eloquent and brilliant Minor of Asheville very formidable competitors, the former of which lost it only by one vote in the committee.

Fassett, with his medical literature bureau and his charming wife, would be quite as much missed from these meetings as would many of the old members mentioned above.

Dr. Frank Foster, the versatile editor of the "New York Medical Journal," was present, taking his autumnal outing. He spent a few days in Louisville after the meeting, the guest of Dr. Thos. Hunt Stucky.

Dr. Harold N. Moyer, as chairman of the committee of arrangements, is certainly a most proper and fortunate selection. He is already outlining the work to be done, and will ere long appoint his associates and organize the various sub-committees, anticipating the largest attendance in the history of the society, if present indications are any criterion.

Dr. Henry E. Tuley has a more than local reputation as a secretary, and on this occasion he sustained it fully and added to it. He intends issuing a volume of transactions this year, comporting with the dignity and importance of the organization.

Dr. Dudley Reynolds, the rotund and portly treasurer, added very much to the

general interest of the meeting with his pointed discussions. Dr. Reynolds always sees the practical in any paper.

The gynecologists were very much in evidence, both on the program and in attendance. With such men as Lawrence, Carstens, Cartledge, Cordier, McMurtry, Milliken, Briggs, Grant and Bryan present a meeting could not be other than interesting and instructive.

Through a resolution introduced by Dr. Arch Dixon, this society placed its condemnation upon the unethical and unprofessional conduct of Prof. Behring in taking advantage of the lax patent laws of the United States, and recommended that all members of this association renounce the Behring Serum.

The Bureau of the Medical Press was a prominent feature of the Exhibit Hall, occupying the speaker's rostrum in the center of the Senate Chamber. The following medical magazines were represented: Philadelphia Medical Journal, International Journal of Surgery, American Journal of Gynecology and Obstetrics, Medical Review of Reviews, Journal of Cutaneous and G. U. Diseases, National Medical Review, Hot Springs Medical Journal, Memphis Lancet, Chicago Clinic, New Orleans Medical and Surgical Journal, Denver Medical Times, K. C. Medical and Surgical Journal, New York Post Graduate Journal, Medical and Surgical Bulletin, Nashville; Southern Practitioner, Nashville; Medical Fortnightly, St. Joseph Medical Herald, American Medical Journalist.

Col. Vischer is becoming quite a necessary fixture with the Mississippi Valley Association, and he should be made a member honorare. His perennial smile and trenchant wit are quite welcome additions to the entertainments and fortunate intermezzos in the sometimes prolix and whilom musty and bibliographical productions sprung upon us.

C.

ABSTRACT.

Gonangiectomy and Orchidectomy for Hypertrophied Prostate in the Aged.

Dr. Geo. W. Johnson, in an excellent paper on this subject, read at the late meeting of the Mississippi Valley Medical Association, reported five cases, and made a second report on twenty-eight cases previously recorded. At the outset, the author referred to the celebrated paper of J. William White, entitled, "The Present Position of the Surgery of the Hypertrophied Prostate," read before the American Surgical Association in 1893, and to other contributions found in current medical literature. From the cases reported in literature he was led to undertake treatment by this method a little more than a year ago. He had familiarized himself with all the different methods of examining patients, as well as with the surgical and medical methods of treatment, and he had done the work as thoroughly and systematically as possible, to determine further the real efficacy of orchidectomy and gonangiectomy in the treatment of the senile hypertrophied prostate. Of the twenty-eight cases, twenty-six may be said to be perfectly cured. They have not had any more trouble with their urine, and are in good health. Of the other two, one has had retention once since operation; the other, which was a case of bilateral gonangiectomy, has enuresis at night once in a great while, and goes to the urinal more than the normal number of times during the day. This, however, is the case he had previously reported as suffering from senile dementia. Mentally, his condition is unchanged. The deep silk sutures have been removed from three cases through a sinus opening after having been in place about one year. The gastro-enteric trouble, which is almost universally present in these cases, and which is so often found as a sequel of chronic prostatic troubles, has disappeared in every instance. No deaths have occurred among the twenty-eight cases. Of this number, every one of which was extremely asthenic at the beginning of treatment, with chronic prostatitis and cystitis, complicated by enormous hernia of many years' duration, it may be stated that the surgical treatment in every case has been a complete success and beyond the most sanguine expectations.

Dr. Johnson arrived at the following conclusions:

1. All cases of prostatic hypertrophy should be given at least two weeks of palliative treatment, with rest in bed. This treatment should be regulated according to the conditions. The bowels should be kept free; sitz baths; counter-irritation to the perineum; medicated suppositories for rectal pain; besides douches of nitrate of silver, bichloride of mercury, ichthyol and diluents for the urine, with milking of the prostate every second or third day, together with regulation of diet. Of the cases so treated by him, one in four required no operative interference.

2. If no relief is had from this line of treatment, a thorough and systematic examination should be made for vesical calculi and polypi, as well as structural and malignant disease of the prostate and bladder. Cystitis, acute prostatitis and prostatic abscess should always be borne in mind. The urine should be frequently examined. In cases of cystitis he is of the opinion that the ureters should be catheterized to more accurately determine the condition of the kidneys. This can now be easily done by the Harris instrument.

If by digital examination per rectum the prostate is found to be enlarged, its approximate dimensions should be noted and urethral measurements taken. The patient should then be as well prepared for operation as possible. If an operation is not especially urgent, two weeks' time is usually sufficient. Having decided upon operative interference, the operator alone must decide upon what operation he will do. Personally, he believes that gonangiectomy or orchidectomy offers less risk to life.

3. Chloroform should be used, as it requires less time and is not so irritating to the kidneys. The operation should consume as little time as possible, for these patients will quickly succumb to long anesthetics and operation. As to time, gonangiectomy or orchidectomy can be done quicker and with less shock than any other operation; there is less liability to secondary infection. Much will depend upon the after-treatment. With busy surgeons this point is too often neglected. If herniotomy has not been done and the patient is asthenic, the shorter the time he is kept in bed the better, for such patients soon go to pieces if confined to bed too long.

4. The time for relief after operation is irregular. In his experience the relief has not been as clearly defined as to hours and days, nor as immediate as in most cases reported. In but two cases has the catheter been required after operation. Enuresis was constantly present in his cases for from one to six weeks after operation. The relief from vesical distress is usually the first sign of improvement, and this is always gradual, not spontaneous.

5. More immediate relief is given to cases of orchidectomy, and the prostate grows softer and diminishes more rapidly in such cases than where gonangiectomy is done.

6. The kidneys should be carefully watched and supported after operation. Mental symptoms appeared in three of his cases, two of which were most certainly due to renal disease, for when treated for this condition they almost immediately became lucid and have remained so. Residual urine should be carefully measured from time to time.

7. Long-standing and troublesome hernia can be successfully treated in the senile. He had successfully treated eighty-four cases, not one of which has recurred up to this time. Among this number he has six times encountered the condition of congenital with acquired hernia. In five of the cases the acquired sac was outside of the congenital one. In one case it was within it. Of this condition he has been unable to find anything in recent works on surgery and anatomy, nor has he been able to find any cases reported. In all of these six cases the hernia had been present almost the lifetime of the patient, but had gradually grown in size, which was undoubtedly the formation of the acquired hernia. He has used formaline catgut sutures, No. 3, for the buried sutures in all but three of his cases, and in these he used braided silk, which had to be removed one year later. Moist bichloride dressing was always used, and the superficial sutures removed on the fifth or sixth day. In case of orchidectomy, no incision was made in the scrotum, and no drainage whatever used. It is his judgment that the less the scrotal tissue is disturbed the better. Bassini's operation was resorted to in all but five cases, in which Fowler's method was used. It seems very surgical to the author, but requires too much time in such cases as he has reported.

8. Cystic degeneration of the testicles was met with in twenty-five cases. These cases usually had chronic hydrocele also, and were always cases with hernia of long duration.

9. When the intestines occupied the scrotum in large mass, they were returned to the abdominal cavity three or four days before the operation. In many instances there were adhesions preventing reduction.

10. Examinations were always made for vesical calculi, but none were found.

11. The somatic condition is greatly improved, and when bilateral orchidectomy was done the patients became obese.

12. A thorough line of palliative treatment of from two to six weeks' duration, with rest in bed, was given each patient. If operation was required, preparation of from one to three weeks was made by special diet, whisky, and full doses of strychnine, with a thorough cleansing of the bowels before operation.

13. In cases of hermiotomy the patient was kept in bed from three to five weeks, unless very asthenic, with the hope of getting better organic union and thereby minimizing liability to recurrence.

14. In a personal examination of the prostates of 360 men over 55 years of age, the large majority being between 65 and 75 years, he found 186, or 75 4-9 per cent., to have very perceptible enlargement of the prostate. In 65, or 18 1-18 per cent., there was urinary disturbance. In 56, or 15 5-9 per cent., the prostate was so large that it could not be outlined by digital examination per rectum. Of these 56, 14, or 25 per cent., had urinary disturbance constantly, such as dysuria, frequent micturition day and night, rectal and vesical tenesmus, retention at times, with residual urine and cystitis. In 210, or 58 1-3 per cent., the prostate was very perceptibly enlarged; 43, or 20 per cent., had urinary disturbance of a milder degree than those above mentioned. The right lobe was markedly more enlarged than the left in 7, or 1 17-18 per cent. Of the 7, 5, or 71 3-7 per cent., had urinary disturbance. The left lobe was also enlarged in 7, or 1 17-18 per cent., but had urinary disturbance. The middle lobe was slightly enlarged in 5, or 1 17-18 per cent. None complained of vesical distress. The prostate was found to be normal in 44, or 12 2-9 per cent. It was atrophied in 30,

or 8 1-3 per cent. Of these 30, 2, or 6 2-3 per cent., had slight enuresis.

It will be noted that this percentage is higher than that given by Thompson and White, but this census is taken from a strictly hospital population. The rather extreme age and the fact that most of the men have had gonorrhea or syphilis, may account for the high percentage.

The cases he has reported as requiring surgical treatment are not included in this census.

The Uses and Dose of Apomorphine.

Dr. Robert H. Babcock corrects from his own intimate personal knowledge of this drug many erroneous impressions current concerning it. Patients, he says, can tolerate very much larger doses than is commonly supposed, and by the mouth as much as two grains at a single dose may be given without nauseating. It is more apt to cause emesis when taken in the morning before breakfast.

The combination of a small dose of apomorphine, however, with other nauseating expectorants increases their efficacy. Dr. Babcock says that its effects are so satisfactory and it is so easily administered in pill or capsule, when for any reason it is not desirable to prescribe a syrup, that it has become his favorite remedy and main reliance in the treatment of both acute and chronic bronchitis. Combined with codeine or morphine, troublesome cough can be allayed without at the same time arresting bronchial secretion; indeed, the sputum will be increased, while at the same time the cough is moderated in violence and frequency.

The author's usual dose, administered by the mouth, appears to be about a fifth or a quarter of a grain, up to one-half, and sometimes to one grain, every three or four hours. In the case of a nursing baby a sixtieth of a grain every four hours in syrup of wild cherry bark was given with great effect in constant dry cough. The author calls special attention to the necessity of obtaining pure morphine (and recommends Merck's), as he has seen the soporific and other effects of morphine induced by impure specimens. It must not be prescribed in mixture with potassium iodide.—Gailard's M. J.

The Army Medical Investigation a Farce.

Great chagrin and keen disappointment are being felt by all interested in the reputation of the medical arm of the service by the autocratic way in which the head of the war department has dismissed the case of the transports "Seneca" and "Concho" which recently brought sick wounded soldiers home from Cuba in a condition of wretchedness and neglect. Serious charges of incompetency and neglect of duty by the officers in charge of the commissary and medical supplies of the army of invasion at Santiago have also been made and the incompetency there shown has been charged in some quarters to lack of administrative ability on the part of the surgeon-general of the army. In answer to these charges Surgeon-General Sternberg declares that he is not responsible and to vindicate himself and his subordinates demanded of the war department an official investigation. This demand of General Sternberg has been met by the cavalier statement of the secretary of war that in the transportation of the troops and in the campaign against Santiago there was no neglect and no incompetency; that hunger, sickness, and suffering are incidents of war and whatever has happened was due to unforeseen circumstances and no one is to be held responsible.

Is no one responsible for leaving the medical supplies at Tampa when the transports sailed for Cuba? Is no one responsible for the fact that when the supplies did arrive off the Cuban coast they were not landed but carried back to Florida on the return cruise? Is no one responsible for the fact that while our soldiers on the fighting-line were without food and the ordinary comforts of a soldier's life a whole shipload of supplies was left rotting in the hold of a ship at anchor off the coast? Is no one responsible for the wholly unnecessary suffering, want, and hunger experienced by our wounded soldiers, so graphically described by our special correspondent in the "Medical News" of last week? Does the secretary of war think for one moment that such flippant explanations explain anything, or satisfy the indignant but long suffering friends of the soldiers that these horrors will not be repeated? No.

Does he imagine that the thin coat of whitewash applied by his investigator, Heyl, over the "Concho" case can cover up

the flat contradiction therein contained of well-attested facts, the avoidance of other charges or the implied confession of it all when he asserts that these abuses will not occur again?

Is General Sternberg going to be satisfied with this farcical procedure? We hope not—he owes it to himself, to his department, and to the army of faithful and efficient officers in the medical arm of the service that no part of this responsibility shall be allowed unjustly to rest upon the medical officers. The whole truth should be brought to light and responsibility fixed by a prompt, impartial, and searching investigation.—The Med. News.

Hygiene Versus Drugs in the Treatment of Pulmonary Tuberculosis.

A paper on this subject was read before the recent Mississippi Valley Medical Association by Dr. C. L. Minor, of Asheville, N. C. Under hygienic and dietetic treatment the author embraces all such non-medicinal measures as are directed toward an increase in the vitality of the organism and of its resistance to disease, and remarks that climate-therapy is but a branch of hygienic treatment, although he does not embrace it in his remarks, which are confined to the proper application to individual cases of exercise, gymnastics, massage, hydrotherapy, rest, sleep, diet, amusements, clothing, and quarters. A partial and unsatisfactory use of such measures is more or less general, but unless directions be definite and specific, they will fail of their purpose.

The very common abuse of exercise was deplored, and the invariable rule stated, "exercise short of the point of fatigue," and the other of no exercise with a temperature over 100.4 degrees, following which no mistake can be made. The thing to be attacked is not so much the lesion in the lung directly as the lowered vitality of the body, the diminished capacity of the lungs, and the deficiency of appetite, and drugs directed to a conquering of the bacillus in situ are not to be compared with measures which enable the organism itself to acquire the strength to overcome disease. These things can be brought about best by an improvement in nutrition, which must after all come from the stomach, and an increase of the amount of oxygen taken into the lung.

How the Sick Poor Are Provided For in France.

Official reports show that France, with a population of 38,500,000, has nearly 1,500,000 indigent persons, of whom 375,000 are inscribed as sick. The country physicians are paid to attend them and the total thus disbursed in 1895, the first year the scheme was practically in operation, amounted to 1,771,472 francs. Each one of the 12,000 practitioners received, on an average, about 150 francs.

The average to each physician is thirty patients, with three or four visits to each at about 30 cents (a franc and a half), for each visit.

The total expense includes hospital and midwife service, transportation, instruments and medicines, and amounted to 4,898,680 francs. This expense was shared by the community, the department and the state, respectively, 3,600,002, 1,104,710 and 305,196 francs.

The first article of the law states in effect: "Every sick French person without resources receives, free of charge, from the community, the department or the state, medical care at home or in a hospital. Lying-in women are included in these provisions. Sick foreigners without resources are also included if the government has entered into a treaty of reciprocal assistance with the nation to which they belong."

Hydrotherapy in Stomach Diseases.

In a recent paper on the above subject Dr. Geo. D. Kahlo, of Indianapolis, says that water is essential to the performance of all physiological functions; yet its importance as a remedial agent is not so generally recognized. While he does not wish to be understood as opposing entirely the use of drugs in diseases of the stomach, he desires to say that he believes water ranks first among therapeutical resources. It may be used internally as a drink, in lavage, as a douche, and as a spray, and externally either applied locally or generally. Its effects, when administered internally, depend upon the conditions of the stomach in respect both to taking of food and whether or not there is normal digestion, as also upon the amount and temperature of the water ingested. Cold applications of all kinds are antiphlogistic, and when prolonged are sedative. They are indicated in acute gastritis, and in the control

of vomiting and hematemesis, but to obtain their full effect it is necessary that their local condition produce an active hyperemia of the skin. Hot applications are useful in the treatment of gastralgia, hyperesthesia, gastric ulcer, and chronic gastritis. While he does not ignore the beneficial influence of such agencies as diet, exercise, massage, and electricity, not to speak of a few of the more important drugs which are thus used, and in obstinate cases especially, physicians are not likely to rely wholly upon any one remedy, however valuable. To be successful, hydrotherapy, like all other forms of treatment, has for its governing factors an exact diagnosis, a thorough knowledge of the patient, a full understanding of the causative influence, and a clear conception of the effects of the remedial agent. To this must be added the confidence and co-operation of the patient.

Henri Dunant, the founder of the Red Cross Society, is now about 70 years old. He spent half his fortune in his great work and then lost the other half by business reverses. He was in absolute want, but has been pensioned by the dowager empress of Russia and the federal council of Switzerland. The citizens of Stuttgart have also raised a generous subscription for him.

Eleuterio Betances, the noted savant and oculist of Paris, is being talked of for the presidency of the Cuban republic. Dr. Betances is a native of Porto Rico, but has long lived in Europe, where his skill as a surgeon and his ability as a man of letters have given him great fame and fortune. His father was wealthy and the doctor was educated abroad. On his return to Porto Rico he soon was the possessor of a great practice in his specialty. He manifested his disapproval of slavery by buying a negro slave baby every month and then presenting its mother with its freedom papers. This course made him very unpopular with the Spanish officials and he was at last forced to leave the island. He traveled in Cuba, Hayti and other parts of the group and practiced medicine with great success. He later visited the United States and made a special study of our political, economical and educational institutions. His name is well known to thousands of Cubans who never saw him. Dr. Betances is 73 years old.

ITEMS.

Sudden fatal asphyxia in children may be due to an enlarged thymus, or to acute rachitic lordosis compressing the trachea.

The attorney general of Iowa has decided that itinerant doctors must pay the state tax of \$250 per year, and that any city or town can assess them besides.

Dr. L. W. Glazebrook, of Washington, D. C., has reported the death of a child four and a half years old due to the use of bromoform in whooping-cough.

The well-known Chicago Physician's Supply House of Chas. Truax, Greene & Co., will remove on or before November 1st to their new building, No. 42-44-46 Wabash avenue.

Dr. L. Harrison Mettler has been appointed professor of physiology of the nervous system in the College of Physicians and Surgeons of Chicago (Medical Department of the University of Illinois).

Mrs. John Sherman attributed her seventy years of freedom from every ailment to her aversion to doctors, but part of her immunity is probably due to the invariable rule of doing her own marketing.

Drs. W. W. Keen, of Philadelphia; Henry P. Bowditch, of Boston; Wm. Osler, of Baltimore, and T. G. Reddick, of Montreal, have each received the honorary degree of LL. D. from the University of Edinburgh.

They tell of a Chicago physician who, opening the door of his consultation room, asked: "Who has been waiting the longest?" A tailor who had called to present his bill rose and said: "I have, doctor; I delivered your clothes to you three years ago."

The American death rate is in almost every state in the Union higher for males than for females. There is an excessive mortality among males in the earlier years of life, which, although the sexes differ but little in this regard at more advanced ages, makes itself felt in the total statistics. Males are also enormously more subject to certain common causes of death than females. Thus they are five times more likely to die

of alcoholism, four times more likely to commit suicide, and three times as likely to be killed by accident. Females, on the other hand, succumb more readily than males to many of the diseases common to both sexes. They are, as the census shows, more likely to die of cancer, peritonitis, whooping cough, consumption, diphtheria, scarlet fever and measles.

A monument will be unveiled in October at Copenhagen in honor of Wilhelm Meyer, the one man who brought before the profession the pathological importance of the presence of adenoid vegetations in the nasopharynx.—*Atlan. M.* and *S. J.*

The Louisiana Board of Health has discovered a new fever, which is pronounced "yellowoid," but differs from the old yellow jack only as much as "elephant's itch" in the mountain vernacular differs from small-pox.

Havana is in condition for a yellow-fever epidemic, though the Spanish officials are laboring hard to keep the plague in check. The sanitation is abominable, however, and no attention is paid to garbage. There are a hundred deaths a day in Havana.

An Irishman, in order to celebrate the advent of a new era, went out on a little lark. He didn't get home till 3 o'clock in the morning, and was barely in the house before a nurse rushed up and, uncovering a bunch of soft goods, showed him triplets. The Irishman looked up at the clock, which said 3, then at the three of a kind in the nurse's arms, and said: "Oi'm not superstitious, but thank hevens that Oi didn't come home at twelve!"

The Psychiatrist.—This new journal, containing the report of the scientific work at the Illinois Eastern Hospital for the Insane, and published by the medical staff of that institution, has just been launched, the editor in chief being Dr. W. G. Stearns, superintendent of the hospital, and lecturer on mental diseases at the Northwest University. This magazine has a bright future before it, we feel sure. Much of the excellent work of these large institutions is never given a place in the records of medicine, and without doubt the institution out of which this periodical comes could fill the magazine many times over with matter of a high order.

MODERN THERAPY.

Bent Creek, Appomattox Co., Va.,
August 31st, 1898.

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E. S. VAWTER, M. D.

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"I have just had an opportunity of seeing the wonderful value of Imperial Granum in Milk Infection. I ordered the baby to be fed on Imperial Granum, prepared with pure water only, increasing by one teaspoonful the quantity of Imperial Granum directed to be used when prepared with milk. An immediate improvement and most satisfactory recovery of the case was the result." _____, M. D.

To The Imperial Granum Co., New Haven, Conn.

SANMETTO.

J. S. Jordan, M. D., of Indianapolis, Ind., writing, says: "I have been using Sanmetto for a number of years, and with unvarying good results. In cases of prostatitis, prostatorrhea, cystitis, chronic gonorrhea, and kindred genito-urinary troubles I find it is one of the most valuable acquisitions to our *Materia Medica*. In irritable conditions of the neck of the bladder, so frequent among females, Sanmetto has proven a godsend. I can also heartily recommend it as the very best aphrodisiac I have ever used."

SCROFULOUS ADENITIS.

Dr. Robert C. Kenner, of Louisville, says there is no affection more common in children than adenitis, and despite the fact that parents will deny there is any scrofula in the family, they are in most every instance purely scrofulous in their character.

In these cases no remedy equals the iodides and these given in the ordinary way are often followed by discouraging results. He has found, however, iodides in combination—as in Henry's Tri Iodides—agree well with the stomach and can be taken for the longest time by persons who cannot take these salts in their ordinary form. Dr. Kenner gives this solution to adults in copious draughts of water in one to two fluid drachms three or more times a day.

SANMETTO.

I have been using Sanmetto for the past three years in my practice. Have prescribed it in chronic cases of irritable bladder urethral canal, irritable and enlarged prostate gland, sexual perversion, dropsy and cystitis. I have found and know it to be an excellent remedy for all the above named diseases. I am more than much pleased with Sanmetto. Every physician should be made acquainted with Sanmetto. Avondale, Ala.

A paper entitled "Syphilis; Whence Did It Originate, and Where Is it Now?" was read by Dr. Henry Plummer, of Harrodsburg, at the Kentucky State Medical Society this year. As to where syphilis is now, the author stated that there were 250,000 adulterous people within the city of New York alone, exclusive of the 40,000 prostitutes and their customers! According to statistics, there were between 2,500,000 and 3,500,000 syphilitic people in America alone. The total number of women who practice prostitution in Japan is over 1,400,000. If to this again be added 500,000 geisha, the complete total would be 5 per cent of the entire population. The author quoted numerous authorities relative to the prevalence of syphilis in every civilized country. Believing in history and relying implicitly upon statistics, he emphatically made the statement that if we never had any syphilis, we would never have had any lupus. If no syphilis, no leprosy. If no syphilis, no cancer in any form. No syphilis, "no scrofula" in its various forms. If no syphilis, no coxalgia, no rickets, no curvature of the spine, and but few if any abortions from natural causes.—*Amer. J. of Surg. and Gy.*

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Dr. Henry Banga, Professor of Gynecology at the Chicago Policlinic, says: "For the last three or four months I have given Kryofine in all cases of Neuralgia where formerly I used to prescribe Phenacetin, Antikamnia, etc. The results obtained with the Kryofine were excellent, and in no case did I notice any disagreeable symptoms, so that I consider it THE BEST ANALGESIC so far known to me."

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Syphilitic Hemiplegia.*

By HAROLD N. MOYER, M. D., Professor of Nervous and Mental Diseases.

The case which we shall present is chiefly interesting from the history, and gives us valuable hints regarding the early symptoms of cerebral syphilis. It would be difficult to state the proportion of hemiplegias that are due to syphilis, but the number is considerable. Dana says that less than one-sixth of cases of cerebral hemorrhage are due to lues. If to this number we add the cases of thrombosis, gumma and the acute softenings not associated with hemorrhage, the number becomes larger. The syphilitic poison much more frequently causes thrombosis and cerebral softening than rupture of a blood vessel.

The patient, a male, thirty-seven years old, by occupation a printer, when twenty-eight years old contracted syphilis. There was a well-marked secondary eruption, falling of hair and sore throat; later an iritis. Very little treatment was used, and he apparently recovered fully from the syphilis.

It is nine years since he had the syphilis. About five years after the infection, while on the street, was taken with sudden giddiness and a sinking sensation. He visited a physician, who made a diagnosis of insolation. Three days following this attack there was mental confusion.

Three and one-half years ago while at work at the case as a typesetter had a slight stroke. He suddenly became dizzy, which dizziness lasted about five minutes. This passed off and he was able to continue his work, but he noticed a slight "catch" in his right arm when moving it; this continued for four weeks.

Six months later, while returning from work, forgot where he was and where he was going. He wandered about for a short time, then came to himself and continued on the way home.

Two and one-half years ago was taken with a sudden attack of dizziness while at the table. This passed off, and he went to his work. While there his right arm and leg began to twitch, and became quite helpless. He was taken home and put to bed. Later in the day he was able to walk into an adjoining room. The following morning he awakened with a complete paralysis of the right side of face, right arm and leg.

After this last attack of paralysis the syphilitic nature of the process was recognized, and he was given a thorough course of antisymphilitic treatment. The paralysis improved and at the end of a month he was able to walk. In time the paralysis so far improved that he has been able to partly resume his occupation.

Physically he is in fair condition. There is only a slight defect in gait. He uses the right arm, but not quite as easily in fine movements as he did before the seizure. The right side of the face is smoother than the left. His speech was not affected in the last attack. The pupils are normal. The knee-jerks are exaggerated on the right side and somewhat increased on the left.

We have considered the history of this case in extenso, as it illustrates so perfectly a typical hemiplegic attack, having its origin in syphilis. Usually hemiplegia of syphilitic origin is due to thrombosis and not hemorrhage. That the lesion in this case was thrombosis is shown by the prodrominal attacks which preceded the full developed paralysis, the mode of onset of the last attack, the twitching of the muscles and the slow development of the paralysis. Dana says almost all cases where the patient awakens hemiplegic the disorder is thrombotic.

We would not be understood as maintaining that a syphilitic may not have an ordinary attack of cerebral hemorrhage, due to atheroma, but they do not give the clinical history presented by this case. They are not benefited markedly by specific treatment.

We emphasize the importance of the

* A clinical lecture at the Chicago Clinical School.

early symptoms presented by this patient. Two years before the last attack he had a seizure which was attributed to heat and which should have been sufficient to have directed attention to a possible intracranial syphilis in a man with undoubted infection not more than four years before. Later consulted several physicians, but not one of them connected the infection with his symptoms.

The case teaches the importance of a close inquiry into the past history of patients, with beginning nervous trouble. In every such case the possibility of syphilitic infection should be considered. Above all, every patient with undoubted syphilitic antecedents, complaining of sudden and temporary disturbances of consciousness or speech, vertigo, numbness, tingling or neuralgic pains, should in the great majority of cases have specific treatment. The value of such treatment is shown in this case, not only in the improvement in the hemiplegia, but from the fact that since a vigorous specific treatment was instituted there has been no return of the symptoms which were so prominent in the year preceding the last attack. We feel safe in asserting that if the correct relation of the luetic infection and these prodromal symptoms had been recognized and appropriate treatment instituted hemiplegia would not have happened.

So far as we can now learn, the infection is quiescent. Nothing, therefore, is to be gained by further alternative treatment. We have now to deal with a damaged portion of the brain, which has recovered so far as it can. It is possible that time may give some further improvement, but it cannot be expected that the innervation of this right side will ever be what it has been. We shall therefore warn this patient to return promptly should any of the old symptoms return.

The golden opportunity in the treatment of nervous syphilis is in the beginning. It should be vigorous. I use both iodides and mercury, the latter usually by inunction. I believe both of these drugs are useful, but if I were compelled to restrict my choice to one I should choose mercurv. I have no confidence in small doses of either drug; alone or in combination they should be rapidly pushed to saturation. If benefit is not obtained early they should be suspended, as their prolonged use only debilitates and exhausts the patient.

A Plea for Pelvic Cellulitis and Peritonitis.

By F. F. BRYAN, M. D., Georgetown, Ky., Member
of the American Medical Association, Mississippi
Valley Medical Association and the Kentucky
State Medical Society.

I advisedly use this heading, hoping to cause a stop in retrogression. If we should again lose sight of these all-important diseases what untold suffering will be entailed on our female patients? What blunders would blot our profession? How would we drift in darkness when the light was ours? The like has occurred in science before, and certainly is in danger of repetition in the case of pelvic cellulitis and peritonitis. The modern history of these diseases begins in 1679 and goes up to date, a fact of itself strongly evidencing the variance of opinions entertained. Wiesman of England, in 1679, gives it mention under the name of distemper of the uterus in childbed. Puzos, in France, in 1743, calls it *Depots Laiteux*. Recamier's pupil, Burdon, nearly one hundred years later, in 1841, describes it as fluctuating tumor of the true pelvis. Doherty of Ireland calls it chronic inflammation of the appendages of the uterus. He is here the forerunner of Tait, seeing the class of cases that by the genius of Tait has so revolutionized gynecology.

In 1844 we have three writers: Marchal de Calvi giving it the name of intra-plevic-phlegmonous abscess, while Churchill of Ireland and Lever of England call it Abscess of the Uterine Appendages. It is thus apparent how, after being appreciated, it was twice neglected and nearly forgotten, for close to two centuries, and then in close succession it is revived by the labors and observations of four investigators, followed in 1846 by Nonat, who did more than anyone else, up to his time, to aid in the appreciation of this subject.

In 1869 T. G. Tohams, in 1880 T. A. Emmet, in 1889 Lawson Tait, have respectively written on it. While there has been an unlimited number of laborers within this period whose works are valuable, these three are pure types of the views entertained, and have had the greatest attention paid to their views. It will be well to quote verbatim from Tait. He says: "In the employment of the terms 'peri metritis and para metritis,' as introduced by Virchow, who knew nothing about gynecology and advocated by Matthew Duncan (who had

never had his fingers inside the pelvis from above), we have introduced a wholesale confusion into gynecology which will take many years yet of industrious work to get right." This confusion has been vastly aided by Dr. Emmet's teachings about cellulitis. If "parametritis" and "pelvic cellulitis" be relegated to their proper places—and they may be taken to mean the same thing—it is one of the rare conditions we have to deal with among the special ailments of women. Now Emmet says, "I shall employ the term cellulitis as expressing the most common condition of pelvic inflammation in connection with the non-puerperal diseases of women. I do not exaggerate, when I claim that pelvic cellulitis is by far the most important one with which woman is afflicted. It is the most common and becomes the most important, in being comparatively seldom recognized when limited in extent. But I do not hesitate to make the assertion, as a truth based on my own knowledge, that many practitioners habitually neglect to recognize this condition, when circumscribed, or they do not appreciate its importance if by chance or accident it be detected. Many of the bad results and disappointments so often complained of in the management of diseases of women in general practice may be attributed to the existence of unrecognized cellulitis. A great advance in the treatment of diseases of women will be made whenever practitioners become impressed with the significance of cellulitis, so as to apprehend its existence in every case." He further states that very great advances have been made in uterine pathology and therapeutics, but an intimate study of the pelvic cellular tissue, in its normal and morbid states, will bring to us a solution of many problems which still perplex us. I may not be able to recognize that every form of uterine trouble is preceded or accompanied by changes in the cellular tissue, yet I believe that further observations will show that those forms in which they are absent are relatively few. Now it is after this further observation, which has certainly demonstrated the accuracy of the quotation, that I champion them and as emphatically deny in part the teachings of the renowned Tait. He who has done so much has yet overlooked that whereby he might have been very nearly faultless. Further, what he did and what he has tried to teach others would be more

lucid and the indications more luminous had he avoided that one step backward.

It would be well to think of some expressions of Goodell on this point. In 1887 he says, "It is a subject of infinite importance, but of obscurity so far as pathology is concerned." He tried to solve these matters by a series of pertinent interrogatories. The third of which is, "What are the channels of infection?" Here he was at the threshold of a truth, which, if he properly understood its import, he failed to make it plain. For in truth the womb and vagina are but incubators, not gateways, but the cellular tissue of the pelvis and its contained structure, blood vessels and lymph channels, are the highways of travel for the living organisms, whose life's history and destruction are the cause of inflammation here as elsewhere.

Traumatism is a factor only in opening an avenue at one time by a breach of continuity and thereby removing a layer of epithelium able to offer an obstacle to infection. Again, traumatism acts to weaken or stop in a locality the blood current and thereby invite a colony that the cells could destroy under more favorable conditions. Goodell, in his views, leaned greatly toward the predominacy of the peritoneal type, and he gives Coe, Welch and Polk to support his views. Now, these authorities do not deny cellulitis, but they consider peritonitis at once more frequent and more important. Yet a cursory perusal of their autopsies and operations shows that in many instances preformed conclusions have influenced their interpretations of their own recorded facts. For eighteen years it has been my fate to learn, like Emmet, how indefinite was the knowledge we possess of these diseases. But it remained for me to learn, in 1889, that there was, on account of this very lack of well-grounded knowledge, a disposition in high quarters to be led astray by Tait's errors and that of the French school, who were, in fact, his followers. This was more especially developed by the discussion of a paper I had read before the Fayette County Society, and afterward by contact with practitioners with whom I was called in consultation, as well as those members of the profession who, having gone abroad, had confined their studies to the English-speaking countries.

Now having entered the above reasons as the plea for the retention of the name,

and recognition by these names for these all-important troubles, I will confine my remarks to the disease as it manifests itself to me, with my methods and results of treatment. The time allotted here will only permit of a superficial statement of these views, and not of any full revision of this all-important matter.

The cellular inflammation may occur at any point below the pelvic roof where connective tissue is found. The peritoneal likewise may be located at any point in the pelvis covered by peritoneum, and this is everywhere from before backward and from side to side. Never is there a case of pure cellulitis, and never one of pure peritonitis, for one or the other tissue will be most involved in every instance, but both must and do give signs of involvement. Never is the case one of simple cellulitis and peritonitis, but always tubes, ovaries and other organs and viscera will form their anatomical and physiological relationship be involved. The parts involved will be determined from the *materies morbi* producing the disease and the location of entrance. Practically this is not essential in all cases, nor is it always possible.

Autopsies and operated cases show the position of the lesion in the following places: Behind the uterus, in the ovaries, between the uterus and rectum, extending into the broad ligaments, behind the uterus and vagina, extending into the left broad ligament and connecting with a large accumulation of pus reaching up to the sigmoid flexure, in the broad ligament alone, in the recto-uterine pouch and tissue beneath this pouch, behind the rectum and under psoas muscle, between the bladder and uterus. Now these are pus cases, representing the suppurating stage of the predominant cellular inflammation, in which, of course, as complications, peritonitis, ovaritis, salpingitis and endometritis will in every case be more or less manifest. If cellulitis is the predominant condition, it will terminate in resolution, assume a chronic form, or early suppurate, while the predominant peritoneal type will resolve, assume a subacute or chronic form, with all the reflex and trophic symptoms so common, and form all varieties of adhesions, with changes of location and aberration of function in the parts involved and those in the same locality.

An analysis of my own last twenty cases

(including one seen with my former pupil, Dr. W. D. Scott) of abdominal section, in which I gave especial attention to evidences corroborating or contradicting the views here laid down, I find Case No. 1 cirrhotic ovaritis and atrophy of the pelvic cellular tissue; history of post-puerperal infection. Evidently a cellulitis. No. 2 not being done for pelvic disease, on the one hand might be disregarded, on the other, being a male and appendicitis being the cause, it brings out a point of analogy between sexes, also cellular and pelvic inflammations, that makes it of use in this connection. Infection entered from the appendix and produced to all intents and purposes a pelvic abscess. In other words, a suppurative type of pelvic cellulitis and peritonitis in the male. Infection by route of alimentary tract instead of genital. No. 3 was a case of ectopic gestation, which had ruptured before I was called in consultation. Such general disorganization had occurred that it may well be said that nothing escaped. The rupture was between folds of the right broad ligament, consequently a traumatic cellulitis was the primary point of departure developed, following the hemorrhage. No. 4, soft fibroid, no inflammatory lesions of cellular or peritoneal tissues. No. 5 ovarian cyst, no cellular or peritoneal inflammation. No. 6 Tait's operation, for unbearable dysmenorrhea and Jacksonian epilepsy, tubes and ovaries indurated and inflamed, no adhesions, lesions evidently originated in cellular tissue. No. 7 acute intestinal obstruction, general dry peritonitis, a knuckle of intestine found incarcerated under a band extending from uterus, above the utero-rectal pouch, to rectum. Evidences of old cellulitis, with predominant peritonitis. No. 8 large multiple hard fibroids, no evidence of inflammatory changes. Here, however, we would do well to investigate further the connective and fibrous tissues, that more knowledge as to etiology and possibly prevention, as well as other methods of treatment, might be evolved. No. 9 history of repeated attacks of cellulitis and peritonitis for fifteen years. Starting with parturition, rectal symptoms very annoying and prominent. Connective tissue, ovaries and tubes inflamed, and the latter imbedded in plastic exudate, discovered with difficulty owing to exudation and infolding, with adhesions, worst on left side. No. 10 tuber-

cular peritonitis; this was Dr. Scott's case. Ovaritis and salpingitis were present and the evidences were that infection had occurred originally by the genital route; the cellular tissues were much involved. No. 11 cirrhotic salpingitis and ovaritis in a virgin, dating from early menstrual difficulty, and probably influenced by the eruptive fevers, no adhesions, changes confined to cellular structure. No. 12 gonorrheal ovaritis and salpingitis. Adhesions abundant and firm, serous fluid in tubes. Here peritonitis had predominated. No. 13 was much the same as No. 12. No. 14 cirrhotic atrophy of the pelvic organs following childbed, with marked debility and general trophic derangements. No adhesions; lesions consisted of induration of all the organs and parts in the pelvis coming in contact with cellular tissue. No. 15 large accumulation of pus in right broad ligament, opening it up and extending nearly to the kidney. No. 16 ovaritis and salpingitis; ovaries much enlarged, prolapsed, with adhesions. Cellulitis was evidently the original point of departure. No. 17 ovaritis and salpingitis following an attempt to cure dysmenorrhoea by some operation, either division or discission. No adhesions, evidently a cellulitis. No. 18 pus in right broad ligament, some slight adhesions in pelvis, ovaries and tube inflamed, cellulitis again. No. 19 is another of the cirrhotic type and is in no way of importance different from No. 14. No. 20 is a repetition of No. 15, except the left broad ligament was the seat of the pus accumulation and it extended behind the rectum. The history connected its origin with childbirth eight years previously.

The causes are direct and exciting. The direct are all micro-organisms, having a toxic power, the best understood being the streptococci, staphylococci, gonococci, cancer protozoa and the tubercle bacilli. The exciting abortion, parturition, metritis, ovaritis, traumatism from coitus, operations, pessaries, the escape of fluids into the peritoneal cavity through the Fallopian tubes. I deem it undesirable to enter seriatim into the rationale of these causes in this paper. The symptoms of the acute cases coming after abortions, parturition and instrumentation, except in the most virulent, septic types, have a well-marked chill, with fever, pain, rectal and vesical tenesmus, sanious discharge from the

uterus, sometimes fetid, in some purulent. The chill may be repeated with new involvements and relapses. I have seen as severe a chill in these cases as we have in malaria or pneumonia. The temperature will rise suddenly up to as high as 104 or 105, though as a rule only 102 or 103 is reached. Evening exacerbation with sub-normal morning temperature is frequent. The pain is severe, and if the mind is unclouded is much complained of, but in all cases the facial expression is indicative of suffering and anxiety. Rectal and vesical tenesmus will be present, and one or the other will predominate in proportion to the extent and proximity of the lesion to the bladder or rectum. Many patients will insist on having enemas or cathartics, believing that they can thus be rid of what seems to be an intolerable foreign substance to them.

The quantity and physical properties of the discharge will depend on the nature of the infecting organisms and what is contained in the uterine cavity. Should there be retained products of conception, so long as they remain profuse flow will be present. If only pathologic nutritive changes in the endometrium, slight flow will manifest itself regularly, with excessive flow at intervals in some patients. Cases of less intensity occur unconnected with parturition or abortion. In these we have the above picture without the chill or fever or only a trivial temperature. We may have a very frequent and important class in which the only or most prominent symptoms are debility, weight in the pelvis and an evening hectic. Our suspicions being aroused by the symptoms, a physical examination will make positive the diagnosis.

When it is considered the various locations, the varying extent and stages of the changes, it is easy to understand how different will be the sensations conveyed by the fingers to the brain. In the early and acute cellular type, we find the vagina hot, diminished secretion, less open from tumefaction, and we are able to determine that the trouble is below the roof. This I deem very important. Later effusions into the cellular tissues produce a palpable tumor, changing the position of the uterus toward the point of least resistance. Later yet, should pus form, fluctuation can easily be detected, though not in all cases. There are chances of error, insomuch that for

lack of fluctuation the tumor may be mistaken for fibroids or hematocele, which facts should be remembered in differentiation. It is likewise excusable, for in May past I operated a case of this kind, No. 15 of this series, in which nature had followed her custom to protect from a source of danger by adhesions and a thick wall, using everything available for the purpose; and so full and tense was the sack that a forcible impression of fibroids was given me. But location and intimate relation to the pelvic walls, together with the history, prevented error; case No. 20 gave the same impression.

Just in proportion as the serous structures predominate in the lesion, just so far will we find in the early stages a boardlike hardness of the pelvic roof. An apt simile has been used to convey the impression of cellular inflammation, as that of a tallowy resistance, in contradistinction to that produced by the peritoneum, which is likened to plaster-of-paris or dealboard. Later on tumors will be detected above the pelvic roof more movable than those below the roof. These thickenings are diseased tubes, ovaries and adhesions. In all cases I would strongly advise that the examination be considered incomplete unless exploration per rectum is had. This history and appropriate physical examination should now prevent these diseases from being mistaken for fibroids or a hematocele.

We come now to the treatment. On this much has been said, as would be natural to cover so many diseased manifestations. I shall consider the treatment under two heads, medical and surgical. In the investigation of these diseases it appears that each man who has entered the field has recognized the stereotyped methods, but has felt it incumbent to add his own methods, which have had a savor of his own especial mechanical predisposition. The surgeon will cut. The mechanical genius will use a pessary. The orthopedist will column the vagina, imitating extension and counter extension. The good old practitioner will only need medicine. The fact is, that all of these procedures are valuable, and he will enjoy the greatest triumph who avails himself of them all.

In every case it is evident that the best possible sanitation, including the organic functional activity that each case may be in need of, is to be enforced. Absolute rest in the acute cases must be had and main-

tained; passive exercise may be needed in the chronic cases. Supporting but easily digested food, leaving little solid residue, is to be had at three to four hour intervals. In all cases the hot douche is to be used after Emmet's method. Not a little warm water, but gallons of hot water; not a fountain syringe, but one by which impact can be had. Not a metal tube, but glass or, preferably, a hard rubber one, in which there is no central opening, but large-sized openings at the side, permitting the water to be delivered at an angle. Hot fomentations over the hypogastrium in acute cases; blisters and counter irritants in the chronic. Morphine given hypodermically, at first $\frac{1}{4}$ or $\frac{1}{2}$ grain every three hours, until the patient is comfortable, then 1-6 or $\frac{1}{4}$ of a grain every six or eight hours. Do not pay the least attention to the idiosyncrasy; give the hypodermic in spite of it. Atropia can be used with the morphine if the stomach is irritable. If this is done faithfully I am sure that the number of chronic cases would be comparatively few.

In the acute cases do not give tonics, especially iron or quinine, at all in pelvic troubles. It should be needless to say this, but I am constantly being reminded that it is more usual for the average practitioner to give them than not. My attention was first called to the fact that these drugs were harmful in pelvic inflammations, by cause of their tendency to increase pelvic congestion, by Charles Carroll Lee, in 1886, and his views are certainly correct in this respect. I wish to emphasize that he who will administer opium, as here advised, and strictly adhere to the line of treatment laid down, and under no circumstances allow himself to be swerved, will in every instance ultimately be satisfied with the result. The pupil, pulse, respiration, temperature and the patient's expression are the guides to the time and the quantity to give. There is no more sure antipyretic in any disease than morphine is in this. Keep temperature below 102, respirations below 22, pulse below 90, pupil slightly contracted, and the patient, with a feeling of comfort and freedom from pain. I understand that Tait has opened the abdomen in these acute cases with some success. With evidences of impending danger, with symptoms of sepsis or predominant peritoneal inflammation, I would certainly feel that it was the thing to do, for before I was aware of this procedure on his part I had conceived the

idea that no case of peritonitis, from whatever cause, should be allowed to die without the abdomen being opened, and that early enough to give hope of success from washing, drainage and injections of magnesium sulphate.

If the case has gone on to the formation of pus, the infallible rule to evacuate it by the most feasible route should be followed. Here, it is my conviction, that dark surgery is bad; by this I wish to be understood that none except the most trivial and superficial accumulations of pus in the pelvis should be evacuated by the vagina, but one hand should be inside of the abdomen. The pus should be found with a trocar and on the trocar scissors should be introduced, when, by opening the blade, the opening will be enlarged to a sufficient size to enable the finger to enter, while the hand in the abdomen above removes all possibility of accident due to the operation. Most pus cases may be easily dealt with in this manner. But in event that it is deemed desirable to make an opening into the pus cavity from above, it will be at once easy and advisable to anchor the sack in the lower end of the incision, or, if tension and adhesions prevent, pack gauze pads around the area of danger; evacuate by trocar or aspirator, when it will come forward and permit of being so stitched as to make even a retroperitoneal accumulation of pus which has reached up from the pelvis and opened the posterior fold of the broad ligament, entirely extra peritoneal in its final dressing and treatment. This method I have followed twice of late, with highly satisfactory results.

Drainage is best secured by a rubber tube going through both the vulva and the abdominal incision. Rubber dam dressing over the tube, surrounded by gauze, will prevent soiling of the dressings. The character and amount of the discharge will be the indication for the removal of the tube. In event that an opening is made into the pus sack on its peritoneal surface, and it is afterward found to be impracticable to fix it in the abdominal wound, it is safe and easy to close the opening into the sack by any suture that will fold two peritoneal surfaces on each other.

That class of dry or plastic cases which form such a large contingent of female sufferers, who drag through years of torture, should have the general medical treatment to improve the general health, and local ap-

plications with chloral and glycerine, iodoform tampons, glycerine tampons, iodine and the regular office routine. If there appears to be a demand for support, pessaries, provided they are tolerated by the parts, will be of advantage. In these cases Boze-man's clumming is of value, and sheep's wool is to be recommended on account of its elasticity and because it refuses to pack and harden as cotton wool does. If after a fair trial the patient is not deriving the desired relief, these cases should also be relegated to surgery, when conservative repairing should be done by knife and needle, in the way of removal of such parts as can no longer exercise functional activity, breaking up adhesions and maintaining in suitable positions, by stitching, damaged parts out of harm's way. In many of these cases of cirrhotic atrophy of the pelvic contents, such profound nutritive and nervous derangements occur as to frequently make it imperative to remove the uterus and its appendages, by a vaginal hysterectomy, or, preferably, by the abdominal route.

In my experience but few of the so-called cases of subinvolution call for the removal of the uterus. I consider these areolar hyperplasias of Thomas and chronic metritis of Bennett to be a type of post-puerperal infection of the cellular kind, and deal with them by a trachelorrhaphy and curettement, and afterward, in some very intractable cases, by a removal of the appendages, when even the most intractable will usually obtain relief.

The conclusions, therefore, which I am forced to draw from these cases is, that cellulitis and peritonitis are important manifestations leading to the greatest amount of suffering that woman is heir to; (2) that their recognition and the retention of their nomenclature should keep us constantly on the watch for them; (3) that their proper treatment in their early stages will obviate these latter evils to a great extent, as cellulitis and peritonitis are easily curable in the early acute stages; (4) that should opportunity for an early cure not be offered, then the chronic cases should have the medical and minor gynecologic treatment mentioned, under which many will be cured, others obtain relief, and a respectable quota will of necessity have to turn to surgery for their cure. Of the cases above mentioned all except one were properly of this latter class, and all recovered of this class.

Some Points in the Preparation and After Care of Hemorrhoidal Operations.

By J. M. AULD, M. D., Chicago, Prof. of Rectal Diseases and Surgery at Chicago Clinical School, Prof. of Rectal Diseases at Harvey Medical College, Attending Gynecologist and Rectal Surgeon Chicago Baptist Hospital.

In my association with medical men in connection with the post-graduate work much inquiry is made regarding the preparation and after care of patients in the treatment of hemorrhoids by operative measures.

Operations should not be made without careful preparation, and this should begin thirty-six hours before the time for operation. The diet should be limited to semi-solids or liquids. A cathartic should be administered sufficient to empty the intestinal canal thoroughly, assisted or followed by a colonic flushing until the water returns clear. The flushing should be repeated two or three hours before the operation, then the operative field should be thoroughly scrubbed with soap and sterile water. The parts can then be shaven and the time having arrived for operation, the fluid has all passed away and does not interfere during the operation, as it does when given immediately before. After the patient has been anesthetized, dilate the sphincters, being careful not to tear or lacerate in so doing. This done, wash out the rectum with sterile water and soap, using a piece of gauze on the index finger, cleansing the walls as high up as possible. Do not leave any source of infection if it can be avoided.

Operate with great care upon this region in order that there be no unnecessary wounds made. Do not dissect up the tumor as described by some before applying the clamp or ligature. Do not leave any open wounds to become infected or to granulate and leave a cicatrix. Granulated wounds over the sphincter are very annoying and entirely unnecessary. Bleeding surfaces should not be left to drain the other tumors, making it more difficult to remove them when they are not distended. Pain is unnecessary if the operation is done carefully.

Keep in mind that the external sphincter is covered by integument and supplied by filaments from the cerebro-spinal nerves, and do not disturb its functions.

as it is the voluntary muscle of the anus and controls the outlet. A tampon should be used after the operation to prevent hemorrhage or congestion of the wounded parts. This is made from rubber tubing one-fourth inch in diameter, wrapped with iodoform gauze until it is large enough to make a compression. Introduce it into the rectum and allow it to remain from 6 to 24 hours. Dressings should be made carefully. Dry ones should be used for a short time, although moist dressings make the patient much more comfortable.

Dry dressings may be made with nosophen, iodoform or boracic acid. The moist dressings may be made with Ext. Hamamelis Dist. with sterile water, adding sufficient carbolic acid to make it a 2½ per cent. solution water. This fluid can be applied without removing the dressing when moisture is desired.

The technique of the operation should be followed just as carefully, in order to prevent any unpleasant results, such as hemorrhage, granulating surfaces, tenderness and irritation of the parts afterward. We have, then, less pain, less danger of sepsis and more rapid recovery. If it is possible require the patient to stay in bed, in the prone position, two weeks, not allowing the bowel movement in any other position. I never allow a patient in the sitting posture during the first week and I never give an opiate to constipate the bowels. I do not disturb them until the third day, when I have them moved with a mild cathartic and an enema of warm water, relying upon and using at every evacuation the enema, instructing the patient to keep it up for two or three weeks. If we can get the healing process without any abrasions in the mucous membrane, or scar tissue over the sphincters, the patient will get well with better results locally and with less reflex disturbances.

We must not ignore, in all this work, the suggestive power of a successful operation upon a patient's mind.

Auto-suggestion is a great hindrance to a complete recovery. A very little congestion, with pain following an abrasion of the membrane, will give excuse for negative suggestions to be cherished. We desire successful operations, but we desire, above all, that the disturbing symptoms be entirely removed.

The question of diet is of too much importance to be merely touched upon. From the time that liquid diet is prescribed in the preparation of the patient, it should be strictly adhered to until after the bowels are thoroughly evacuated, then semi-solids until after the patient is out of bed. No fruit containing small seeds that will irritate the wound or mucous membrane. The instructions should be rigidly adhered to and impressed upon the patient's mind, so that they may be carried out by the person, as diet and personal hygiene is a matter of much import to their welfare.

100 State street.

A Leaf from My Diary.

By DR. F. W. EPLEY, New Richmond, Wis.

Six a. m. doorbell rang. A call to confinement case in Somerset, eight miles away. Ordered my team at once. Before leaving I telegraphed Dr. H— that it would be impossible for me to meet him at A—to-day. Would wire later when I could come. Case was a dislocated hip of several weeks' standing. Got away at 6:30, arriving 35 minutes later. Found Mrs. P— well advanced in the first stage of labor, os fully dilated and patulous. Nothing in the way of a speedy delivery. Ruptured membranes, but no advance in two hours. Applied forceps and delivered head easily, but a pair of mammoth shoulders gave some delay. I thought the child would certainly be stillborn; face as black as my hat. Finally a sudden release brought forth a twelve-pounder, actually named at once Dewey Sampson P—, and with him came a lusty yell, very much to my relief. The mother had nothing to do with this. I "borned it" myself while she was asleep, full of Squibbs' chloroform. Arrived home at 11:30, found a young America impatiently waiting for me to go and see his grandfather, four miles away. In reply to my inquiry he stated the old gentleman had a numb foot—no pain, but wanted me right away. I told him I would go as soon as I could get a bite to eat. He insisted that I go at once. I replied that it was impossible; I had had no breakfast and must eat occasionally. He left with a frown, and in a few moments returned. Thrusting his head through the door, he informed me that I need not go after dinner. I asked why. "Because I

have another doctor." "Very well, that is your privilege," said I. I then settled myself to a good square meal with my father and mother (76 years of age) and only sister, who had arrived yesterday for a visit after five years since the preceding one.

Two p. m.—After attending to several office patients, went to see Mr. G— at Gloverdale. On returning took father, mother and sister about city to see the various electric motors run by our power transmission plant at Somerset. On returning to the office found Mrs. B—, who peremptorily demanded, with tears in her eyes, what I knew about her boy Rob going into the Northfield football team. "Nothing whatever" closed that incident.

After tea another call to Somerset took me to a case of severe albuminuria, during the sixth month of pregnancy. I was returning with my driver Alex, at about 10 p. m., and when about half way home—hist—spatter—p-h-e-w!! Was that water from under the horse's foot? No, there was no water there. Great guns, Alex, that fellow has hit me square in the neck! as I heard the water spatter against the buggy top and felt it in my face and neck. A wave of pungent perfume, like steam, filled the air, and so thick that we could fairly feel it. In some way we had turned up a skunk and he had shot me square in the face, beside covering my overcoat, which, luckily, was a coonskin. I could not believe I had actually been hit in the face, because I could not see how the cat could stand so as to shoot so high, but when I took off my overcoat in the office and took my face into the house, where my whole family sat in a group visiting and they all held their noses and stampeded, except my oldest son, a football enthusiast, who remained to negotiate with me to play "s-center" in the game the next day, I was forced to accept it as a fact that verily I had got it in the neck.

Wapakoneta, Ohio, has been treating the medical world to a genuine sensation of late by suddenly discovering that there had been in the town over 200 cases of small-pox, fortunately all of a mild type, and which had on that account been mistaken for chicken-pox by the physicians. No deaths have thus far occurred, and rigid measures are now being taken to prevent the further spread of the infection.

Report of Three Cases of Brain Tumor, with Special Reference to the Pathology of Neuroglioma and the Psychological Changes Caused by Brain Tumors.

By A. F. LEMKE, M. D., Pathologist, Illinois Eastern Hospital for Insane.

(Continued from page 259, October Clinic.)

Case III: A. T., female, age 32, was admitted September 22, 1897, with the history that she had an epileptic seizure in December, 1896, several in January and February, 1897. These seizures are said to have occurred during the menstrual period. Prior to her first epileptic seizure she was considered normal mentally and physically, although she had, for a year or more previously, often remarked that she feared she would become insane. She had been suffering from intense frontal headache, much aggravated at the menstrual periods. Since December, 1896, she has very gradually become indifferent, forgetful, has urinated and defecated involuntarily. Her speech is slow and hesitating. There is considerable muscular weakness and a marked ataxia. Right pupil wider than left; double choked disc; vision fairly good. October 9, 1897, the patient had two general epileptic convulsions, followed by stupor. Gait became very slow, with a tendency to drag the feet. There was marked tremor of the hands. Knee-jerk very active. The mental dullness steadily became more marked. At 10 p. m., October 11, profuse vomiting, followed by deep coma, which persisted until her death at 6:10 a. m., October 12.

The necropsy record is without interest, except for the findings in the brain. The calvarium is perfectly symmetrical; the sutures and other markings are normal. The frontal bones are relatively thick—6 mm., while the occipital measures but 3 mm. The dura mater is very tense and dry. The markings on the convexity of the brain, especially in the frontal region, are almost entirely obliterated; the leptomeninges are dry. The right hemisphere, in the region of the gyrus fornicatus, bulges and has made a large indenture in the corresponding area of the left hemisphere. The anterior half of the corpus callosum is enlarged, of irregular outline and much firmer than is normal. The right frontal lobe is of greater volume and much firmer than the left. The entire right frontal anterior por-

tion of right parietal and the corpus callosum are transformed into a tumor mass, which, in the right parietal and posterior portion of frontal lobes, contains many larger and smaller cystic cavities and gelatinous areas of softening, while in the anterior portion of the frontal lobe and the corpus callosum the consistence is decidedly increased. The right corpus striatum is also slightly involved. The optic nerves and posterior half of each eye were removed. The discs were much swollen, their peripheries indistinct, and many hemorrhagic streaks were visible in the fundus. Pieces of tissue from various areas of the tumor were fixed in formalin, hardened in alcohols of increasing strength, cleared in toluol and imbedded in paraffin. Sections of this material were stained with formalin-saffranin, hematoxylin and eosin, thionin, methylene-blue, nuclear black and after Van Gieson's method.

Microscopic examination of these sections showed an illy defined fibrillar network, containing numerous nuclei, some of which are apparently free; others are surrounded by a narrow, indistinct zone of homogeneous protoplasm. Aside from these there are a great many more or less irregular homogeneous, faintly stained, hyaline-like bodies, some of which contain a well-stained nucleus which seems crowded to the very periphery and in many instances is much flattened. Occasionally a body of this kind is found with a faintly stained and more or less centrally located nucleus. A large portion of these bodies is apparently without a nucleus. The large homogeneous cell bodies are found in all portions of the tumor, even in the softened areas, but are closely packed in the corpus callosum. Surrounding these free nuclei and large cell bodies is a sparse fibrillar framework.

It is difficult or impossible to decide definitely as to the nature of these large homogeneous bodies after this very ordinary process of staining. To enable us to do this small pieces of tissue, having been thoroughly fixed in formalin, were treated after the method of Mallory (7), the steps of which we briefly outline here:

1. Formalin, 10 per cent. aqueous sol., 4 days or longer.
2. Picric acid, sat. aqueous sol., 4-8 days. Steps 1 and 2 may be combined.
3. Ammonium bichromate, 5 per cent.

aqueous sol., in incubator at 37° C. for 4-6 days. Change sol. on second day.

4. Dehydrate in alcohol without first washing in water.

5. Imbed in celloidin. (Our material was imbedded in paraffin.)

Sections of tissues mordanted in this way were stained after Weigert's fibrin stain, slightly modified by Mallory; others with Mallory's phospho-tungstic acid, hematoxylin, methyl-violet, methylene-blue, thionin, etc.

The large homogeneous bodies referred to above are beautifully stained by the methyl-violet and also by the phospho-tungstic acid hematoxylin.

In the majority of those which, after the ordinary staining, appear to be without a nucleus, one or two faintly stained nuclei are brought out. The single nuclei are usually at one pole of the cell, though in many cells they are found near the center. One unmistakable mitotic figure is present in a preparation stained with methyl-violet after Mallory's mordant had been used. The bodies are seen to be much more irregular than they appeared in the unmordanted tissues and from one to six processes can be demonstrated on many of them. Many fibers identical in appearance with the ganglion cell processes are seen among the cells, but they do not appear to be directly connected with them. They are not so numerous but what they may be looked upon as processes of some cell body. It can scarcely be denied, however, that they may be free fibers in the sense that they have no cell connection.

In this case the diagnosis of neuroglioma ganglionare seems justifiable in view of the occurrence, in the tumor tissue, of the well-developed fibrillar network, the large nucleated ganglion cells and the smaller cells, some of which contain a small zone of perinuclear protoplasm, whereas in others nothing but a nucleus is to be seen.

There has been much confusion in the discussion of this specific tumor of the central nervous system. It has been and is still confounded with sarcoma so much that it is impossible to decide, from descriptions of the microscopic findings in the majority of the cases found in the literature, whether a given case was one of glioma or sarcoma; in fact, in many of the cases the tumor has been designated gliosarcoma.

Since His, Von Lenhossek and others

pointed out to us the epiblastic origin of the glia cells these elements have been subjected to more careful histological and pathological study and much has been done in the differentiation of glioma and sarcoma.

It must not be denied that gliomatous and sarcomatous elements may be found in the same growth, but this is certainly a very rare occurrence.

Stroebe (8) and Ziegler (9) agree that the term gliosarcoma should be limited to gliomata, in which there is an actual neoplastic proliferation of mesoblastic tissue in addition to the epiblastic growth, and that this mesoblastic proliferation must have its origin in the vessels or their sheaths. Microscopic differentiation has been attempted on the basis of the richness or paucity of the cellular elements. In many cases found in the literature it seems that a diagnosis of sarcoma or gliosarcoma has been made because the cellular elements were numerous. Thoma (10) recognizes the epiblastic origin of glia tissue, but still believes that a glioma is capable of development into a rapidly growing gliosarcoma. Allen Starr (11) and Oppenheim (2) as well as Bruns (1) use the term gliosarcoma, although Bruns is of the opinion that gliomata are to be sharply separated, histologically and histogenetically, from sarcoma. Differentiation has also been attempted on the basis that the cells in gliomata are always surrounded by a zone of protoplasm with many branches. This branching protoplasm can often be demonstrated only in the fresh, teased preparation, but undoubted gliomata do occur in which many of the cells are devoid of this protoplasm. In preparations of gliomatous tissue mordanted in Mallory's or Weigert's fluid for the special purpose of bringing out the protoplasm of the cell-body and its branches, many free nuclei are found.

Neuroglioma ganglionare is, according to E. Klebs, a new growth in which true nerve elements, as well as glia tissue, proliferate. Oppenheim (2) gives an illustration borrowed from Zeigler, in which these elements are beautifully shown. The ganglion cells in this figure are somewhat more regular, their protoplasm is granular and the nucleus is usually found near the center of the cell. Many deeply stained fibers are depicted, which are looked upon as true nerve fibers. In those of our

preparations that were stained with Weigert's hematoxylin many deeply stained fibers are present, but they are more numerous and vary much in size. It seems to us impossible to decide definitely upon these as being nerve fibers, in spite of the fact that Weigert's stain was employed.

Professor E. Klebs, now of Chicago, has very kindly made a careful examination of our preparations and states very positively that this tumor is to be classed with what he has described, as quoted by Oppenheim, Birch-Hirschfeld and others, as neuroglioma ganglionare.

Many authors, including Osler, do not consider the ganglion cells and so-called nerve fibers that are found in the neuroglioma ganglionare to be genuine nerve elements. Raymond and some others consider that some glia cells are capable, under the proper stimulus, of transformation to genuine nerve cells. Raymond speaks of this glia cell as the "Ersatzzelle." Other observers, on the other hand, insist that these ganglion cells and nerve fibers can only be derived from pre-existing nerve cells.

Our preparations do not permit us to add anything to the much discussed question of the disassociation of glia fibers. Taylor (12), in his very able article of recent date, takes up this question of the disassociation of glia fibers and comes to the conclusion that "the development of neuroglia in all probability is from cells with protoplasmic processes to cells with differentiated and independent fibers," and also that "the term gliosarcoma should be dropped as unscientific and misleading in its significance. No criterion has yet been offered to determine a fundamental distinction between glioma and sarcoma (Stroebe) and secondly between glioma and so-called gliosis (Weigert)."

Mental disturbances in cases of brain tumor are the rule, although in many cases they are slight. The increase of the intracranial pressure is the usual cause of the psychic changes, but in many cases it must be admitted that the particular location of the tumor is largely responsible. Tumors of considerable size may develop in the so-called silent areas without giving rise to mental changes other than a more or less marked loss of memory, but as soon as the intracranial pressure increases materially there develops a confusion and what may be termed a mental asthenia. Great effort

is necessary to concentrate the attention and sometimes this can be brought about only with the more powerful stimuli, and then but for a short time, as though the least mental effort were followed by great exhaustion. Reasoning and memory are almost always impaired, at times to a very marked degree. Occasionally a melancholic condition is the only sign of mental impairment. Oppenheim (2) reports a case in which a choked disc and a mental condition not to be differentiated from the ordinary melancholia were the only symptoms of brain tumor. Not infrequently attacks of maniacal excitement, hallucinatory confusion or actual delirium have been observed. Rarely do we meet with paranoia-like symptoms. One case of this kind was observed by Dinkler.

It is important to note that psychical disturbances may constitute the earliest symptoms of brain tumor. Wollenberg cites the case of a woman who was admitted to the hospital with a diagnosis of hallucinatory delirium. Some time later she was readmitted with other symptoms of brain tumor. In Oppenheim's cases the earliest mental symptoms were usually those of mere indisposition and apathy. As the tumor develops there ensues a progressive dementia, with or without paralysis. Kraepelin (14) speaks of the frequently recurring periods of excitement, the psycho-epileptic seizures. Occasionally a cataleptic state has been noted and a very stupid condition with a tendency to much sleep. Delusions, illusions and hallucinations are uncommon and are said to be most apt to occur in cerebellar tumors. Visual and auditory hallucinations have been noted in completely blind and deaf individuals. Hughlings Jackson has reported a case of tumor of the temporal lobe with hallucinations of smell. Leubuscher (15), in his work on diseases of the brain, published in 1854, says of the psychical symptoms of brain tumors that they are usually not very marked and for that reason comparatively few cases are admitted to asylums. In 350 necropsies made by him in asylums he met with but four cases of brain tumor, one tubercle, one cysticercus and two cancers. Leubuscher met with many cases of brain tumor in which there was mental impairment, and speaks of maniacal attacks, loss of memory, confusion and dementia. Coma often precedes death.

A much discussed question in brain

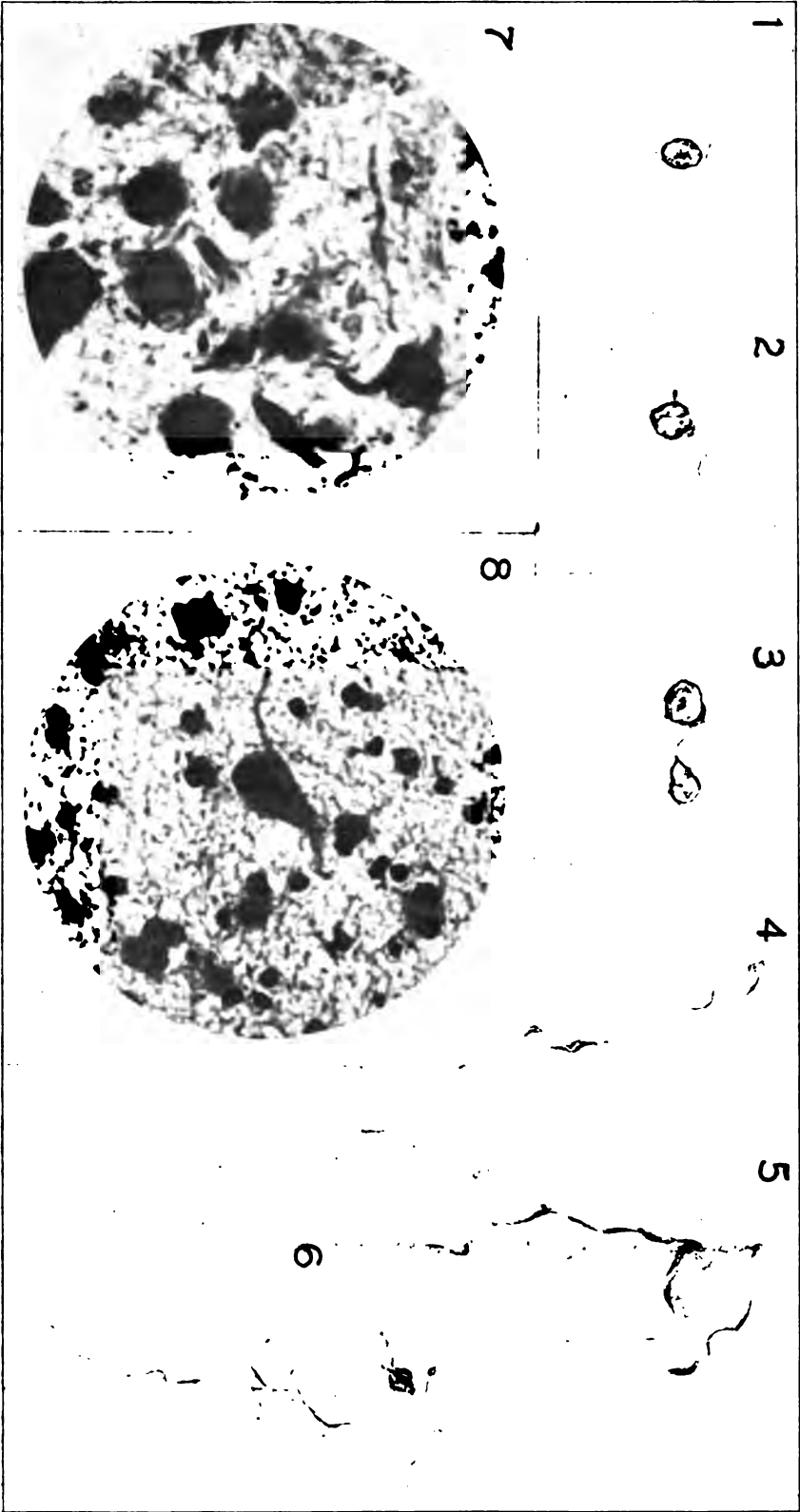


PLATE II.

physiology is the function of the frontal lobes. Many observers believe that tumors of the frontal lobes, other things being equal, are no more apt to give rise to psychic changes than those in other portions of the encephalon. Even the more recently reported cases leave us much in doubt as to the relation of the frontal lobes to the higher psychic functions, but they demonstrate quite satisfactorily that in the great majority of the well observed cases of tumors of the frontal lobes there is early impairment of the psychic functions or a decided psychosis. Ferrier, Starr, Knapp and others are inclined to look upon marked mental aberration occurring early in a case of brain tumor as a focal symptom of disease of the frontal lobes. It is probable that disease of the left frontal lobe is no more apt to give rise to mental impairment than is disease of the right, except for the frequent combination of psychic deterioration with the symptom-complex aphasia.

The nature of the tumor has little or no effect upon the mental changes, although it has been contended that the cysticercus cerebri is unusually apt to give rise to psychic disorder. The probable explanation is the frequent multiplicity of the growths. Jastrowitz (16) says: "A certain form of mental disturbance, a form of dementia with a characteristic excitement, the so-called moria, I have observed only in tumors of the frontal lobes." He says of one of his patients that he was good-natured, confused and mentally weak. Occasionally there was a marked tendency to coarse joking. Often there is a certain humorous tendency in their speech and general behavior which makes them appear very comical, and this comical tendency is often in direct contrast to the otherwise apathetic and amnesic condition of the mind. Jastrowitz cites another case of tumor of a frontal lobe in a man who, in his very demented and confused condition, made sarcastic and comical remarks to and about those around him. In still another case the patient answered in a short, sarcastic manner, making at the same time all sorts of grimaces. Later Jastrowitz concluded that moria was found in only a portion of the cases of frontal tumor and that it was sometimes found in frontal lesions other than tumor. In some cases of senile dementia, in general paresis and in alcoholics, moria has been observed, and Jastrowitz has claimed that even in these con-

ditions the moria was significant of frontal lobe disease.

It is to be remembered that such coarse brain diseases as tumors are sometimes complicated with hysteria, and in these cases the symptoms of hysteria are not to be confounded with those of the tumor.

Plate II from Case III.

Figs. 1, 2, 3, 4, 5 and 6.—Cells showing processes and homogeneous cell bodies. Mordanted in Mallory's fluid and stained with methyl-violet. Magnified 600 diameters.

Fig. 7.—Numerous large homogeneous cell-bodies stained heavily. Mordanted and stained after the method of Mallory. Photomicrograph. X 500 diam.

Fig. 8.—Photomicrograph of a single ganglion cell showing a small central nucleus and two distinct processes. Mordanted after Mallory. Stained boiling methyl-blue. X 500. Numerous gliacells.

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Mercury—Its Action.*

By WM. F. BARCLAY, A. M., M. D., Pittsburg, Pa.

Mercury is one of the oldest mineral remedies known in therapeutics. A careful perusal of medical literature fails to definitely settle its antiquity. Doctor Burton, in his "Anatomy of Melancholy," mentions three mineral medicines, mercury, gold and antimony, which he declares drove away melancholy. He indicates, under the general term melancholy, the conditions under which these remedies afforded relief. Perhaps mercury has been empirically used more than all other remedies, as it is the active basis of so many secret medicines. The certainty of the action of mercury on the vital economy entitles it to a first place in the long list of therapeutic agents.

The action of mercury is variable in its different combinations, and the dosage is determined by its modification of the vital powers of the human organism. Mercury is a poison of known positive action and its toxic effect is of the most deadly character when taken into the system in sufficient quantities to affect the vital forces. The preparations of mercury that combine with the albuminoids are the most deadly poisons and usually cause death in a very brief period of time. Toxicologists place mercurials at the head of the list of mineral poisons in their deadly action. Not a few physicians believe that mercury should never be administered as a medicine, and most positively disparage its use in therapeutics.

The belief that mercury cannot be entirely eliminated when taken into the system seems to justify the conclusion that it is at all times injurious. A careful study of the bodies of persons who have died of mercurial poisoning, caused by long contact with mercury, in its use in preparation for the market, as well as in the arts, proves that it is found in the body several years after removal from its presence.

Paralysis follows its constant presence in the system which is of a lasting character.

The certain action of mercury upon all forms of germ life as a germicide is the most scientific reason for its administration as a medicine. We cannot too clearly and positively keep this truth before our minds in the administration of mercury. The best

germicide remedy known is the bichloride of mercury. It is certain that the action of mercury is on the blood, and its beneficial power is entirely dependent upon its germicidal properties. The definite action of medicine is the only rational excuse for its administration, and the more positively known compounds should have a place in the physician's armamentarium.

The action of medicine is its power to influence pathological conditions. Medicine has an internal and external application, and a preventive and curative action. One of the most important studies in scientific medicine at present is immunizing medication, or the power of medicinal agents to prevent rather than cure disease. Mercury, in its action, is active or passive. The action of medicine has been variously defined by different authorities; each one has described that which has been observed in the modification of vital action. The normal condition of life is variable, and is modified by so many conditions that our estimations are based on aggregate observations. The environment of our organisms modifies our vital powers, and thereby produces our determinate energy. Age is an important factor in all our vital observation. Sex is very important in scientific investigation of the action of medicine. There is no branch of the science of medicine less understood than that of therapeutics. The empirical application of medicine is a disgrace to the profession of medicine, and it seems each year medical colleges teach the student less of the action of medicines. Present graduates practically know little about the action of medicines, hence they fall into a routine that is little less than expectant in the treatment of disease. College professors disparage medication, and frequently declare that there is nothing in the science of therapeutics. The late Doctor Holmes taught his classes that their successful treatment of disease would consist in that it would be better for humanity that medicines were in the bottom of the sea, but worse for the fishes. No man in the profession of medicine ever taught a greater fallacy, or did more harm to the science of medicine. That humanity has suffered from this unfortunate doctrine more than can be estimated is more apparent to the skillful therapist than any hindrance encountered in the successful scientific practice of the art of medicine, is as true as the

*Read before the Mississippi Valley Medical Association at Nashville, Oct. 13th.

essence of truth itself. Doctor Holmes was a great dreamer and poet, no one will doubt, but that he was a poor doctor is just as certain.

The present time abounds in men teaching medicine who are no less culpable and injurious in their work. Condemnation of this ignorance of the science and art of medicine can neither be too forcibly or positively set out in the practice of every scientific therapist. Just as certainly as opium relieves pain is there a remedy for every pathologic condition, and as surely as the alkaloid of peruvian bark cures malarial fever will the future find out a cure for tuberculosis, cancer and the long list of at present incurable diseases. The future of the science and art of therapeutics is certainly the branch of medical science that will afford the greatest achievements. Each year surgical mutilation of the body and the formation of adventitious tissue chronicles the recantation of the lifework of some brilliant operator.

Dr. Goodell's last paper, which deplored the operative procedures of much of his brilliant career, is a sad commentary of the special branch of medicine to which he devoted his extraordinary energies. Not less significant is a recent paper of Dr. J. Howard Kelly of Baltimore, on the subject of preservation of the first evidence of virginity in woman. From the moment man takes his first convulsive sigh until he ceases to gasp the air that vitalizes his organism, rational medication is indicated. History has as yet to date one reflection from a skillful therapist with reference to the administration of medicine in disease. Understand pathological conditions, determine their causation and from the known action of remedies select and apply them to the cure of disease.

There is a significance in the presence of the specific germ of all diseases in the body and their toxic action on the vital organism as well as their destruction by specific germicidal medication. Mercury is an active and certain germicide in its action. The virulence of specific germ poisons are lessened and their vital action on the living forces destroyed. In the presence of certain physiological conditions toxic germs are harmless, and thereby the power of preventive medicine established, which has been an inestimable boon to humanity. The immortal names of Pasteur and Lister

in Fame's eternal tablet stand out in relief of their laborious research and scientific investigation in the cause and cure of disease.

Not less illustrious are the names of the vigilant workers in the discovery of the germs of specific diseases, and it always affords opportunity to the therapists who discover remedies for the cure of specific maladies. Mercury is one of the most potent agents in medicine for good or evil results, and there is much yet to be learned of it, in its preparation and introduction into the body. The career and work of Pasteur established the germ causation of pathological hindrances in surgical work, and Prof. Lister applied germicide treatment, which has been the crowning success in surgical science.

One-third of a century spent in the study and practice of medicine has not lessened, but established, in my own mind, the power and certain action of medicine, when skillfully applied, to palliate or cure disease.

The action of mercury on the blood is peculiar, and differs from that of all other remedies; the vital fluid is rendered watery, thereby the albumen, fibrin and red blood corpuscles reduced, and the blood shows a preponderance of white blood corpuscles with abundance of leucocytes. The continued use of mercury in certain diseases, when uncombined, brings on a train of unpleasant symptoms, characterized by great prostration, with alarming nervous depression and characteristic skin manifestations. The careful study of the action of mercury teaches the physiologist definitely the importance of the albumen in the nutrition of the body in the formation of the red blood corpuscles. It is stated, with good reason, by authorities in therapeutics, that mercury should only be administered in the form of an albuminate, as its presence in the blood is an immediate formation of albuminate of mercury. This theory is doubtless correct, and thereby the antiphlogistic action of mercury is established. I believe that perhaps four compounds of mercury are all that are essential in therapeutics. The hydrargyrum chloride mitis stands at the head of the list of mercurials, and when pure might displace the entire list of mercurial compounds without disadvantage to mercurial medication. The great secret of mercurial medication is in the proper com-

pounding of mercury with other medicines, thereby lessening and modifying the injurious action of mercury on the system. The hydrargyrum bichloridi, or corrosive sublimate, is second in value in the list of mercurials; it is the most reliable of all germicides for external and internal use. Corrosive sublimate is the basis of almost all germicide solutions, and is modified and made more useful in proper combination with other medicines. Prof. Lister, who first emphasized the importance of germicide treatment, made corrosive sublimate the basis of germicide medication. He demonstrated that bichloride of mercury was the most useful of all germicides, as it destroyed the vitality of the germs in the most attenuated form, and in the shortest possible time. Listerine is the solution most used, and is reliable and valuable for internal and external use.

The third mercurial compound, hydrargyrum iodidi viride, is selected when the continued administration of mercury is required in the treatment of syphilis and other diseases which are benefited by the long continued use of mercurials. I have given this preparation for several years, at intervals, in proper combination with other agents, without observing any injurious effects.

Hydrargyrum sulphas flavus is the fourth preparation of mercury in value for external application, and is the basis of lotions and ointments of known therapeutic value.

The continued use of mercury, like most other medicines, is not of the greatest advantage, but rather its interrupted use has given the best therapeutic effects. Authorities have claimed much advantage in the treatment of diseases from the depurative action of mercury. Mercury acts by elimination upon the glandular system, and the more clearly its action is observed on the different glands the better the results obtained. Mercury is eliminated through the bowels, kidneys and skin. The secretory and excretory glands take up and eliminate mercury from the system. Mercury would be injurious were it not rapidly thrown off by the emunctory functions of the body. Mercury is taken into the body very rapidly by the skin, and this is in many instances a preferable mode of administration, especially where its action is injurious to the digestive system.

Mercury is believed to act more directly upon the liver than any other part of the organism, but careful study of its action on this organ will demonstrate that this is a fallacy and that more harm than good usually results from its administration in diseased conditions of the liver. The liver is the great depurative organ or gland of the body, and the apparent increased secretion and elimination of bile is certainly caused by the elimination of albuminate of mercury from the blood. It is eminently important that we remember that mercury is at all times an aggressive opponent of rapid tissue building, and its constant administration, when uncombined, must decrease the weight of the body. The elimination of albuminate of mercury is most significant and should teach the physiologist that tissue disintegration is often the result of the presence of mercury in the system and that its proper and speedy elimination is most desirable.

It may be observed that mercury is more readily taken up by the skin and mucous membranes than any other known remedy. The application of mercury by inunction is a most certain and effective method of administration, and is especially desirable when the drug disagrees with the digestive system.

Age has much to do with the action of mercury. Its use in infant and child life seems specially indicated. While useful in child-life, mercury is less useful in old age and should never be given to the aged. The proof of this observation is easily demonstrated and the reasons too apparent to require discussion. It lessens the blood making power and seriously interferes with normal nutrition and repair in this period of life. The quantity of mercury prescribed by the profession is something beyond intelligent computation, yet that does not equal that which is empirically used by the laity. I have attempted to estimate the quantity used by individuals and thereby approximate the enormous amount taken as medicine, but have failed to estimate in any way other than the statement of chemical houses that "it is simply enormous." The profession should clearly understand the action and intelligently prescribe a remedy of such known good in the alleviation of disease conditions, as well as the injurious effect when contraindicated. The administration of mercury indiscriminately,

as in the past, cannot be too highly condemned, nor can its injurious effects upon the health of the human race be even conjectured.

The old-time physician prescribed mercury in almost all inflammatory diseases. Depletion was then the main procedure in the treatment of disease. In which cases the lancet and mercury brought about rapid prostration. The administration of mercury was continued until febrile symptoms were abated.

The present is a therapeutic decade, and the known and unknown possibilities in the natural and chemic sciences are being searched for cures for all the ailments of man. The standfast codic adheres to the dogmas of the past, and at all times disparages the new, while the ever potent demand for the alleviation of suffering claims the trial of all rational medication. Prof. Behring has patented antitoxin and thereby discolored the optic brilliancy of his achievement, but the statistical conclusion afforded by scientific observers in medicine will guarantee further observation. The broad road of reason in all things claims the intelligence, energies and perseverance of the best men in all callings, and to this is attributable the glory of human achievement. The quantity of mercury that may be administered without appreciable injurious effects is illustrated in a case of cerebro-spinal meningitis, which came under my care a number of years ago; in this I administered ten grains of calomel every three hours, until one hundred and eighty grains had been taken without any apparent effect on the patient. I could not venture an opinion, but it seemed that a profound condition of coma with other most distressing symptoms in this fatal malady were corrected by the mercury, as no other medication was used. The beginning of a rapid recovery from the disease was announced by the awakening from an appar-

ent sleep of death with an inquiry in regard to that which was transpiring when the coma condition overcame the patient, with a convulsive spasm of all the extensor muscles of the body. The disease was perfectly controlled, and ten grains of mercury three times a day for over ten days constituted the medication of one of the worst cases of cerebro-spinal meningitis which I have ever seen. The treatment of this case was most significant, and the result has established a course of treatment in my practice which has been most satisfactory. The toleration of calomel in the treatment of cerebro-spinal fever is most remarkable, as it has produced no unpleasant symptoms in the treatment of seven cases of this most intractable malady in the past fifteen years in my own experience. The poisonous action of calomel was not observed in any of the cases in which this enormous quantity was given, but a general amelioration of all the symptoms seemed to announce the Rip Van Winkle awakening of the coma sleep that was present in three of the seven cases in which this remedy was used to the exclusion of other medication. The suppression of urine in one case established the low condition of the vital forces, which was restored by the continued use of calomel. The statement made in order to demonstrate that large quantities of mercury can be given without injurious effect. The administration of mercury in infancy and child-life should be in small doses, as the best results follow the frequent use of small portions of a grain given each hour. The conclusion is that mercury is a valuable remedy when properly used in the treatment of disease, and that its dismissal from our therapeutic list would be a most serious hindrance in the treatment of a long list of diseases, and that its germicide action is the most probable advantageous action of mercury.

1620 Fifth avenue.



THE MEDICAL LIBRARY.

Stengel's Pathology.

A manual of pathology. By Alfred Stengel, M. D., Physician to the Philadelphia Hospital; Professor of Clinical Medicine in the Woman's Medical College; Physician to the Children's Hospital; late Pathologist to the German Hospital, Philadelphia, etc. A handsome royal octavo volume of 848 pages, with 372 illustrations in the text, many of them in colors; also seven full-page excellent plates in colors. Cloth, \$4.00 net; half morocco, \$5.00 net. Published by W. B. Saunders, Philadelphia. For sale by W. T. Keener, 52 Randolph street, Chicago.

It will be recalled that in our issue of September we called attention to the early appearance of this work of Stengel, and it is now with more than ordinary pleasure and satisfaction that we take up the volume for review. That it will fulfill all the promises made by its publisher sponsor will be seen by the most cursory examination.

Before reference is made to the text matter, we wish to speak particularly of the mechanical make-up of the volume, for we really have never seen a book which gave more commendable evidence of the printer's art than does the one under consideration. By the proper use of various fonts of type, the different subjects, headings and subheadings can be taken in and perfectly comprehended at a glance, thus avoiding the use of the usual "guideboard" figures and letters ordinarily met with in such books.

Referring more particularly to the subject-matter—the author has certainly succeeded in his attempt to make the work a practical one. For while we realize that the entire subject of pathology cannot but be so, yet by the omission of such matters as methods of examination and an extended notice of controverted points in pathology, the author has given us a very well epitomized discussion.

In the portion devoted to general pathology, the chapter headings are as follows: I. Etiology of Disease; II. Disorders of Nutrition and Metabolism; III. Disturbances of Circulation; IV. Retrogressive Processes; V. Inflammation and Regeneration; VI. Progressive Tissue Changes; VII. Bacteria; VIII. Animal Parasites.

Under "Special Pathology" we have: I. Diseases of the Blood; II. Diseases of the Lymphatics; III. The Circulatory System; IV. The Respiratory System; V. The Gastro-Intestinal Tract (these three chapters, III, IV and V, fill up 220 pages of the text); VI. The Ductless Glands; VII. The Urinary Organs; VIII. The Reproductive Organs (as indicative of the general comprehensiveness with which the subject is treated we may refer to the points discussed in this single chapter: The Uterus, its development and anatomy, congenital abnormalities, alterations of position, stenosis, dilatation, rupture, circulatory disturbances, inflammations, infectious diseases, atrophy, hypertrophy, hyperplasia, tumors, parasites. So, also, in the same way are discussed the Ovaries, Fallopian Tubes, Vagina, Decidua, Placenta, Fetal Membranes, Vulva, Penis, Scrotum, Testicles, Prostate Gland, Cowper's Gland, Seminal Vesicles and Mammary Glands); IX. The Bones; X. The Joints; XI. The Voluntary Muscles; XII. The Brain and its Membranes; XIII. The Spinal Cord and its Membranes; XIV. The Peripheral Nervous System.

The very full and complete index gives an additional value to the volume. To those of us who ended our college courses before the subject of pathology had reached its present position of relative value in the medical course the volume will be an invaluable one. There has not to our knowledge recently appeared a more thoroughly practical and readable book on any subject. If then the importance of the subject is considered we consistently and heartily recommend the same to all, from professor of pathology down to the beginning student.

Diseases of the Ear, Nose and Throat and Their Accessory Cavities.

By Seth Scott Bishop, M. D., LL. D., Professor of Nose, Throat and Ear in the Illinois Medical College, etc. Second edition, thoroughly revised and enlarged. Illustrated with 94 colored lithographs and 216 additional illustrations. Published by F. A. Davis & Co., Chicago. Price, cloth, \$4.00; half morocco, \$5.00.

In reviewing the present volume of Dr. Bishop's work, it is undertaken with no small degree of pleasure, mainly because

the revision has been of much more consequence than usually attaches to that term. In the present instance the changes have each been of very material importance, and in our opinion have each been of advantage to the work as a reference or text-book. One of the principal changes from the former edition is in the matter of illustration. There have been added a large number of these and of a better quality and value. In the colored plates there have been both change and addition, with marked improvement to the book. The author has evidently recognized the fact that the modern text-book demands a liberal amount of good illustration. While we do not think that even the best illustrating will popularize a volume otherwise weak, yet it is equally true that a text above criticism for its intrinsic value would not become popular without some good illustrations.

A text-book without the imprint of individuality would be lacking in a characteristic which gives to that volume, not only a personality, but a prestige, and a record of independent, personal opinion on the points discussed obtainable in no other way. To those who are fortunate enough to have an acquaintance with the author or to have read his frequent contributions to medical literature, this will be sufficient guarantee of the general quality of the book.

The first portion is devoted to a discussion of the ear and its diseases. The text is practical, methodical, as complete as is consistent with the author's intended scope, and is thoroughly up-to-date. We are not acquainted with a work which gives a better handling of the entire subject of middle-ear diseases, and especially is this true with reference to the mastoid operation. Few men are better qualified to write advisedly on the subject of mastoid, yet the author does not relegate to himself and his experience the dictum of omniscience. Proper credit is given Holmes, Lédérman, Schwartze and others. In this connection the author's advice that no one should attempt the mastoid operation without first having performed it on the cadaver, is most timely and important. An operation which is vastly more difficult, and much more menacing to life than a major amputation, should not be attempted by one unfamiliar with either

the anatomy of the parts or the technique of the operation itself.

The second portion of the volume is devoted to the discussion of nose and throat. In this there is much to commend, little to criticize. We might wish that more had been said about polypi; certainly a most frequent affection, and one of the greatest interest to the general practitioner. Furthermore, we are surprised that the author does not advise the use of the cautery, either in the removal of these growths or afterward, on the base of their attachments.

In the discussion of the septum, no reference is made to the somewhat frequent, and certainly established, condition termed soft hypertrophies of the septum, the treatment of which condition will afford results quite as marked, surprising and prompt, as will the removal of adenoids or other adventitious tissue in the nasal passages.

One of the most valuable chapters in the book is that on the subject of serum therapy. Necessarily it is somewhat lengthy, but the matter contained and the subject are of such paramount importance that no objection should be made were it even longer. The entire matter of anti-toxine in diphtheria is well condensed and presented in a most convincing form.

While we might, as a matter of personal opinion only, take issue with the author regarding some ideas advanced concerning the tonsils, tonsilitis and tonsilotomy or tonsilectomy, yet it would be but a matter of opinion, and we admit that the ideas in the text have at least the weight and indorsement of age, and the approval of authorities generally. We, however, regret that more notice was not given the desirability of a complete cautery dissection of the tonsillar gland, in those cases where surgical interference is deemed necessary.

We unhesitatingly recommend the volume as a reliable text on the subject, as well as an up-to-date reference.

Gould's Pocket Pronouncing Dictionary.

By Geo. M. Gould, A. M., M. D., author of the *Illustrated Medical Dictionary*, editor of the "*Philadelphia Medical Journal*," etc., etc. A new edition; entirely rewritten and enlarged, including over 21,000 words. Published by P. Blakiston's Son & Co., Philadelphia. Price, leather, \$1.00.

One of the remarkable facts regarding the publication of medical books is the enormous sale of certain ones which prove to be of especial value to the profession. Among these fortunate volumes we must certainly place Gould's Dictionaries, of which over 80,000 copies have thus far been sold. This handy volume is a most convenient reference, giving the pronunciation and definition of all the principal words used in medicine and the collateral sciences. There is also included in the book a most excellent and complete list of tables of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilli and thermometric scales; with also a dose list of drugs and their preparations in both the metric and English systems of weights and measures.

To the medical student this volume is invaluable, as it is convenient to the practitioner who writes for the medical journals; it is likewise a convenience in giving exact and technical shades of meaning, and to each one, however interested in medicine, it is of more or less value.

There is doubtless no authority in the English language more generally acknowledged as a reliable medical lexicographer, than is Dr. Gould.

The above publishers, P. Blakiston's Son & Co., are now ready to supply the profession with their well-known visiting list for the year 1899. It is enough to say that it is up to previous years in its conveniences and recognition of the requirements of the doctor, with some new additions which are practical and valuable.

After a personal experience in the use of this list for several years we would hesitate some time in adopting any other. Its size makes it convenient for the pocket, and any physician knows very well that unless the visiting list is kept in the pocket very often engagements and visits will be forgotten or delayed, much to his annoyance or loss.

The price, \$1.00 for 25-patient size, is certainly reasonable.

The American Pocket Medical Dictionary.

By W. A. Newman Dorland, A. M., M. D., Philadelphia. Over 500 pages, and containing the definition of over 26,000 words.

This volume is not a revision or rehash

of other similar works. Being a work of such dimensions, and yet to be kept within the term pocket dictionary, necessitated the use of small type and thin paper, but the former is so clear and the latter of such excellent quality that the practical value of the volume is not diminished in the least thereby. This, with brief definitions, accomplished the end perfectly.

Among the valuable features of the book are a number of tables. Among them worthy of especial notice may be mentioned the nerves, the principal rôles, the muscles, the arteries and over fifty others. These tables will be of especial value to the medical student in his work of memorizing and localizing the various anatomical relations.

The book is offered to the profession in an excellent leather binding by the publisher, W. B. Saunders of Philadelphia, at an unusually reasonable price, \$1.25 net.

Western Surgical and Gynecological Association.

The eighth annual meeting of the Western Surgical and Gynecological Association will be held at Omaha December 28 and 29, 1898. Titles of papers from some of the leading surgeons of the West are already in the hands of the secretary and the coming meeting promises to be the most interesting yet held. The local committee of arrangements at Omaha is actively preparing for the entertainment and comfort of those who attend. Surgeons and gynecologists, and those interested in the progress of these specialties, are cordially invited to affiliate themselves with us. The secretary will be glad to send application blanks. Titles of papers should be sent to the secretary as soon as possible, but not later than November 20, to insure a place on the program.

GEO. H. SIMMONS, Secretary,
Lincoln, Neb.

D. S. FAIRCHILD, President,
Clinton, Ia.

The only involuntary muscle composed of striped fibers is the heart.

THE CHICAGO CLINICAL SCHOOL.

The following operations were performed in the West Side Hospital, during the month of October, the students in attendance at the Chicago Clinical School being present:

Appendicitis—Appendectomy (7).
 Abscess Drained (2).
 Trachelorrhaphy and Perineorrhaphy—
 Trachelorrhaphy (3).
 Perineorrhaphy and Curettage Curet-
 tement (3).
 Amputation of Cervix.
 Hysterectomy—Abdominal (2).
 Vaginal (2).
 Pyosalpinx—Laparotomy (5).
 Ventral Fixation—Laparotomy.
 Cholelithiasm—Cholecystostomy—
 Two sitting operations.
 Biliary Fistula—Supra-Pubic Cystostomy.
 Inguinal Hernia—Bassini Operation (2).
 Halsted Operation.
 Fistula in Ano—
 Opening and Curettage (3).
 Hemorrhoids—Cauterization.
 Ligation.
 Sarcoma of Inferior Maxilla—Excision.
 Carcinoma of Breast—Excision (2).
 Tonsillitis—Tonsilotomy (11).
 Lipoma—Excision.
 Cystoma—Multilocular Laparotomy.
 Goitre-Cystic—Excision.
 Fracture (Colles')—Reduction.
 Adenoids—Removal (9).
 Fracture of Nose—Old Standing.
 Correction of Deformity.
 Deflected Septum—Correction (3).
 Fracture of Humerus—Non Union.
 Approximation of Freshened
 Ends of Bone.
 Fracture of Skull—Depression—Trephined.
 Tuberculosis of Knee—Arthrectomy (2).
 Tuberculosis of Testicle—
 Excision of Epididymis.
 Talipes Equino Veras—Tenotomy.
 Talipes Valgus—Acquired Resection of
 Portion of Scaphoid Bone.

Otitis Media—Chronic—
 Mastoid Operation (3).
 Cataract—Extraction (2).
 Preliminary iridectomy.
 Circumcision (2).
 Balanitis—Dorsal Incision of Prepuce.
 Eighty-six operations.

Anatomy and Operative Surgery on the Cadaver.

The Clinical School has, since its organization, ever evidenced not only a willingness, but a determination to furnish for its students the best and most numerous advantages, both general and special. Among the recent improvements and additions made is the establishment of a special course as above indicated. These courses are conducted under the personal direction of Professors F. R. Sherwood and W. T. Eckley. Special work on any line desired may be obtained, as eye, ear, nose and throat, gynecology, abdominal surgery, etc., etc.

The following course will cover the needs of most of those who may contemplate work of this kind:

- a. Dissection by the student, under the personal direction of Prof. Eckley.
- b. Operative surgery by the student, under the personal direction of Prof. Sherwood.

The course offers the following advantages:

- a. Classes limited to four members.
- b. Each class has the exclusive use of two full subjects; one for dissection, the other for operative surgery.
- c. Special attention is given to the regional dissection of surgical areas; dissections are made on one of the subjects one night, and, with the anatomy fresh in mind, operative surgery is done on the same surgical area on the other cadaver the next night.
- d. The anatomical course includes the dissection of the entire body.
 1. Head and neck.
 2. Axillary space.

3. Joints.
4. Inguinal.
5. Femoral.
6. Thoracic.
7. Abdominal.
8. Pelvic regions.

e. The operative course will include:

1. Ligation of the important arteries in continuity.

2. Amputations, exarticulations and resections.

3. Trephining for cerebral localization; ligation of middle meningeal; mastoid operation; removal of Gasserian ganglion.

4. Operations upon the thorax, tracheotomy, etc.

5. Operations upon the abdomen and pelvis; special attention is given to the different operations for hernia, varicocele, hemorrhoids, intestinal anastomosis, appendicitis, gastro-enterostomy, supra-pubic cystotomy, etc.

6. Gynecological and genito-urinary operations.

7. Aside from the above any operation that may be desired by the class will be demonstrated.

This course being given entirely in the evening, it does not in any way conflict with the other work of the class in the general course. It takes up four full evenings of each week; can be taken up at any time and finished in thirty days.

Chicago now ranks first as a medical center, with between 2,500 and 3,000 students; Philadelphia is next, with between 2,200 and 2,500; New York shows a decrease and has less than 2,000; St. Louis is fourth with 1,400. There is a large increase in the number of students in all medical centers except New York.—West. M. Rev.

The Chicago Clinic.

A HIGH-GRADE MONTHLY PERIODICAL DEVOTED
TO THE BEST INTERESTS OF THE
MEDICAL PROFESSION.

J. HOMER COULTER, M. D., Editor.

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EDITORIAL AND BUSINESS OFFICES:
1007 Columbus Bldg., Chicago.

PHYSICIANS AS FINANCIERS.

There seems to be a quite general opinion that a proper, sensible and successful financiering is incompatible with a skillful, conscientious fulfilling of the promises of professional life, in lifting to a higher level lay conceptions of life, disease and death; but as yet I have never heard or read a reasonable excuse for the existence of such an opinion. I contend that it is erratic and that it originated with the profession itself, and consequently the blame is not hard to place; but for a talented physician to argue that honorable business methods cannot be combined with the honorable practice of medicine, or is in any way incompatible therewith, begins to at least appear suspicious.

Honesty and discretion are indispensable correlatives, but why should these attributes apply less directly to his personality than to his environment? Through them comes to his name and character an integrity, strength and protection which nothing

else can supply. And with these to his professional endeavors, success must follow as naturally as day the night.

Now, if with these attributes we have a reasonable business capacity, conducted under the guidance of these same principles, which cannot be reasonably opposed, we then would have a combination for the highest type of success, which seems to me an unanswerable argument for an invincible result.

It is well recognized as a fact that but two or three in each thousand practicing physicians ever gain a competency by the practice of medicine alone. But even this, in connection with the increased demands of medical colleges, does not seem to decrease the number of medical students. Men of culture, refinement and business ability are entering the profession in greater numbers than ever before. Doubtless most of them are prompted to do so by noble, grand incentives, with highest ideals of this most humanitarian of callings. As preceptors I would not have you confuse the beauty and satisfaction of their vision, yet you are not true to your trust if you do not fortify them with a generous proportion of good business principles, and so much the better for both if this part of your instruction be clinical.

Why are we so constantly and persistently urged by some rotund and unctuous professor to forget self and remuneration; to ever let sympathy flow out unbounded and unchecked, as a great river; to let general information and intelligence only bound our sphere of action; to have the most diversified capacity of understanding; to have the power of unerring conclusion from instantaneous deduction; to ever

have a psychological X-ray, whose mental motor and introspection spark would never fail to give a perfect skiagraph of generalizations; to be a social lion, yet ever preserve a characteristic dignity; we must be equal to all emergencies, but never, no never—God forgive us if ever we should—demand a good round fee for our skill and ability. We must be broad minded and charitable (to all the world except our families and ourselves); fees are but sentiment, professional duty a stern reality. What nonsense, what impractical rot!

Does the butcher, grocer or baker make a special rate to the doctor, because he is a doctor? Does there come any rebate from the tailor? If so, I have been the victim of their duplicity for the past fifteen years.

I fail to see wherein a reasonable and proper appreciation of one's own commercial value, professionally, necessarily interferes with a generous sentiment of dignity or philanthropy.

The doctor owes to his family a debt which he can only pay by giving to his profession the business considerations which it justly deserves.

C.

THE DATE OF ISSUE.

For various reasons it has seemed best to the business management of the Clinic to change the date of issue. The large majority of monthly journals make their appearance on the first of the month, a smaller number of them appear at the last of the month. We have found that the appearance at the last of the month is no better for any reason than upon the first, so far as the interest of the reader is concerned.

When appearing at the last days of the

month the issue comes in contact with the publications appearing on the first. This, however, is the least weighty of the reasons for the change. One much more important is found in the fact that at these two particular dates any printing office which is doing any considerable amount of periodical presswork is busiest just at these dates, and on that account the best attention cannot be always obtained, because of the rush in the office. Inasmuch as it has been a matter of the greatest importance to the management of the Clinic that we have not only a presentable, but an artistic and mechanically creditable edition, comporting with the practical and scientific contents, we have therefore decided to issue the Clinic on the fifteenth of the month after the first of the new year.

We trust that we will be all the more welcome coming in the middle of the month, after those of the first have been read, and before those of the last have arrived. However, we trust we find a welcome whenever we arrive, and you can assure us of the same by sending in your back subscription, if you are one of that number, thus avoiding our little yellow reminder, which you are otherwise quite certain to receive next month. C.

OFFICIAL DRUGS ONLY.

In a recent number of one of our exchanges we notice an item to the effect that the Cincinnati City Hospital trustees have adopted the rule that no member of the staff shall be permitted to prescribe, for use in that institution, any remedy not regularly included in the United States Pharmacopeia. Such action on the part of

any board in this day is one of two things, either unwarrantedly suspicious or ludicrous. A service in this institution in former years gives us some idea of the condition of affairs which will either prompt or permit such action being taken by the board of control.

While we must of necessity admit that the most startling progress in medicine has been made along the lines of surgery and diagnosis, yet while more important in many ways, there have nevertheless been just as forceful and imperative influences at work in the matter of therapeutics. These influences, too, have served to establish a more solid ground of therapeutic fact than we had ever before been able to rely upon. Indeed, in the minds of most progressive physicians, these same influences have very certainly demonstrated the fact that there were more than a few of the old dispensatory remedies which had no right or title to their place in such a work. Just as fast as we are able to give our theories in medicine a demonstrable basis of fact, so fast are we doing away with and forever destroying the empiricism which has been the bane of all medicine since its beginnings.

Enterprising therapeutists and industrious clinicians have at times seemed to create an epoch in therapeutics by the startling results they have obtained in specific medication. Quinine, and mercury, and morphia, and chloral, and iron, and belladonna, and iodoform, and bromides, and hypodermic medication, have each and all played their important function in this role of progress. Certainly in this evolution there have appeared many drugs and remedies which were not entitled to the entire

confidence of the profession, but they were merely steps in this progressive development. They at least helped to establish their superiors.

Modern ideas of elegance have so predominated in recent progress in therapeutics that it is possible that at times more important properties have been somewhat obscured. But usually such subversion of merit to elegance was soon recognized by an exactingly critical profession, resulting in the deathknell of the "more elegant" but less reliable, however vigorous may have been its advertising sponsor.

It would really appear quite as warranted a procedure had these noble solons above referred to demanded that the quinine should be given only in powder form, so, also, the jalap, mercury, gamboge, podophyllum and nux. Or they might have said to give only water to the patients, or with equal propriety forbid the use of water in all cases; grant them a single argument in the matter, and the only logical sequence is a quite natural and irresistible "reductio ad absurdum." C.

Western Surgical and Gynecological Association.

The eighth annual meeting of the Western Surgical and Gynecological Association will be held at Omaha December 28 and 29, 1898. Titles of papers from some of the leading surgeons of the West are already in the hands of the secretary, and the coming meeting promises to be the most interesting yet held. The local committee of arrangements at Omaha is actively preparing for the entertainment and comfort of those who attend. Surgeons and gynecologists, and those interested in the progress of these specialties, are cordially invited to affiliate themselves with us. The secretary will be glad to send application blanks. Titles of papers should be sent to the secretary as soon as possible, but not later than November 20, to insure a place on the program.

GEO. H. SIMMONS, Secretary, Lincoln, Neb.

D. S. FAIRCHILD, President, Clinton, Ia.

ABSTRACT.

Shall We Organize?

A most timely and excellent editorial by our friend, Dr. Simmons, of the "Western Medical Review," is worthy an extended reading:

In spite of the fact that the medical profession in this country is made up of a body of men which is better educated, better equipped in every way, and is doing better and more scientific work than ever before, it is less respected, and is less influential. While several causes no doubt account for this, nevertheless one stands out preëminently, and that is the neglect of the profession to unitedly look after its own interests, and to stand up for its rights. Shall we continue to allow every fraud, every kind of quackery and delusion, to humbug the people and make the medical profession ridiculous, or shall we do our duty to ourselves and to the people by enforcing the laws of the state?

Why is the law not enforced? Because we as a profession are not united to look after our interests. True, we have a regular state medical society, an Eclectic state medical society, and a Homeopathic state medical society, neither one of which has a majority of its members in the state in the society. And these three societies, rather than uniting for the common good, are antagonizing each other half the time. It is to the interest of each of the schools that the law be enforced, and it is only by united action of all schools that we can succeed. Without taking more space to argue for what we are about to propose, we will make a suggestion for the uniting of the medical profession of our state into an organization whose object shall be to enforce the laws of the state, and for any united action for any purpose that shall be for the betterment of the profession. In brief, we propose:

1. That a county organization be made to include every legal physician of all schools in the county; that a meeting be had once a year to elect a certain number of officers, the fewer the better, whose duties, among others, shall be, to see that the law be enforced in the county.

2. That a district association be organized in each congressional district; this to be made up of representatives from each county in proportion to the number of

physicians; the object being to assist the county organizations when necessary and to unite the districts into a compact working body. The district organization to consist of not more than, say, fifteen, and to meet once annually to elect officers and make recommendations to these officers; also to elect a member of the state organization.

3. That a state organization be formed, to consist of six members, one from each congressional district. This body to act for the physicians of the state, to attend to all matters affecting the state as a whole. In reality the election of this body of six men is the main object of the lower organizations, more especially that of the district, and the duties would be such as are being so effectively carried out by the board of health of Kentucky, which is doing such good work in that state.

It is presupposed that a lawyer would be engaged by the state, district, or county organizations as needed; that where a county organization was too weak, the district or state would help. Annual dues of not to exceed one dollar each would provide ample funds for ordinary needs, for with such an organization little attempt would be made to evade the law. With such an organization the political influence would probably be greater than it is now, which is a thing greatly to be desired. The above plan, we believe, can be carried out, and that with little effort. It requires no meetings outside of the annual, and that of not much importance. While the detail is not given here, it has been thought out. There is a question whether there would be need of a district organization, only so far as to take this method of electing the state board. The state board or organization might work in conjunction with the regular state board of health. While it will require some effort on the part of a few in each county to get the organization started, once organized there will be but little trouble in keeping it going. An assessment of one dollar a member would put a good sum in the state fund, and probably twenty-five to fifty cents a year afterward would be ample. It is presumed that there will be no paid officers, the necessary expense of the state board only to be paid. The money collected in counties will be put in a common state fund, to be paid out by the state board. All ex-

penses of prosecution will be paid out of this fund. At the present time no one will take action to prosecute, for the double reason that what is everybody's business is nobody's business, and because there is no money to spend when it is necessary. It is not necessary to enlarge on this; those who have had any experience will appreciate it. If there is a common fund to draw on, and someone is designated to act in each town or village, there will be no hesitancy in early action, where and when action is necessary.

Having briefly outlined the plan, we would ask the physicians of the state to take enough interest in the matter to write us their views and make suggestions—for publication or not. Those living in very small country places may selfishly think that they are not affected and never will be. Possibly they may not be, but their help is needed nevertheless. Shall we organize, or shall we not?

Cold in the Treatment of Some Children's Diseases.

Dr. A. L. Kelsey, in the "Southern California Practitioner," concludes a very practical article on this subject as follows:

From experiments with rabbits, W. H. Howell, physiologist of Johns Hopkins, deduces the following figures, showing the distribution of blood in the various organs of the body:

Spleen.. .. .	0.23 per cent.
Brain and cord.....	1.24 per cent.
Kidneys	1.63 per cent.
Skin	2.10 per cent.
Intestines	6.30 per cent.
Bones	8.24 per cent.
Heart, lungs and large vessels	
.....	22.76 per cent.
Resting muscles	29.20 per cent.
Liver.. .. .	29.30 per cent.

Connecting these figures with the fact that the amount of blood in the internal organs depends on their activity, and that it may be increased or diminished from 10—20 times, and that the skin vessels, at their full capacity, can contain 66 per cent. of the total amount of blood (Simon P. Baruch, Hares Syst. Therap.), we may deduce some facts of interest and be warned of some of the dangers from a too active or untimely interference with the circulation in the treatment of disease.

Thus it is possible to cause a rapid and extensive congestion of the internal organs, particularly if the cold is intense enough to affect the natural protecting influence of the muscle walls surrounding them, by paralyzing their vaso-motor nerves and preventing them from gathering an added amount of blood from the centers. The kidneys seem to be particularly susceptible to congestion, resulting from continued chilling of the superficial parts of the body.

In children, congestion of the brain follows quite readily upon changes of circulation from various causes.

The vaso-dilatation must be established by removing the cold or by massage of the skin. To some cases where a rapid lowering of a very high temperature is desired, the plan of giving a cold bath followed by a warm one is not only theoretically correct, but practical. This is the plan so common in the resuscitation of cyanosed infants. Much of the unsatisfactory or bad results, in the use of cold, are no doubt gotten because of the neglect of this cardinal point.

I have yet to meet with a case of febrile disease in children, in which cold water could not be safely and advantageously used, and I believe it to be admirable in all such cases, even in the youngest and feeblest infants if properly applied. In many derangements unaccompanied by fever, it is also of great service.

In my own practice I have been in the habit of using the ice bag, moving it about as is indicated, or compresses applied most often to the chest and back. It seems to me that this method is preferable to the bath, in most cases, for it disturbs the patient but little and entails much less labor, while it is quite effective. This method can be used continuously while the child sleeps or rests quietly in bed, thus giving that rest which is of so much value in the treatment of children. In acute abdominal diseases, where all shifting of the abdominal contents does harm, and in long-continued fevers, when the heart becomes weakened, shifting the patient to a tub might increase the abdominal trouble in the one case, or cause syncope in the other.

In all cases the feet and lower part of the legs should be kept warm, and, as pointed out before, we should be sure that the skin circulation is kept up. Compresses applied to the entire length of the spine have the

added advantage over their application elsewhere, because of their effect on the spinal nervous system. This method is used, of course, when it is desired to reduce temperature and soothe the patient, there being no localized inflammation to combat.

In scarlet fever, measles and other eruptive fevers, cold water has its use in reducing high temperature and thus preventing complications, in treating some of those complications when they arise, and in conserving the activities of the various organs. When the eruption is delayed, and the patient is in a very uncomfortable condition resulting from various causes, a tepid or cool bath, with brisk rubbing, will establish the efflorescence and relieve some of the distressing symptoms. Later on, when the toxic elements have produced delirium, somnolence and convulsions, the application of ice to the head, with compresses to the trunk, taking care always to have free skin circulation, gives most gratifying results.

I believe the early and continued use of sponge baths, compresses, cool enemas and plenty of cold water to drink is a potent means of preventing the nephritis of these diseases. They tend to foster the eliminative function of the bowels and skin, and to prevent the congestion and strain of the kidneys, resulting from the toxins developed, and by establishing and maintaining the normal equilibrium of the sympathetic system.

What has been said of the eruptive fevers is equally true of malaria, typhoid and all the septic or toxic fevers.

Many of these cases are protracted into weeks' duration, and the resisting power of the tissues is gradually broken down until there is no power, on the part of the organs, to resist any invasion or to respond to any demand.

I have treated a good many cases of continued fevers, barring typhoid, with early and continued use of cold water, and have found that the children are always comfortable, quiet and restful, active, nervous symptoms never present, and there is always an abundance of sleep. They take food without resistance and oftentimes demand it. The tongue and mouth remain moist and sordes is mostly absent. The urine is plentiful, bland and pale in color. Seldom have I seen very marked weakness of the heart, even after weeks of illness.

In diseases of the chest I have seen good

results with the use of cold in bronchitis, broncho-pneumonia, pneumonia, pleurisy, asthma and endocarditis, etc. I feel warranted in saying that acute bronchitis may very often be aborted in a few hours by cold compresses on the chest, and that the other diseases may nearly always be altered and kept under control and rendered less fatal by this means than by any other.

In these diseases I would recommend the use of the ice bag, because, unless the fever be very high, we do not need or desire to cool the whole body, but only to combat a localized inflammation. The ice bag should be moved from one area to another, thus giving the opportunity for reaction of the skin and underlying parts. The bag should not be placed in contact with the skin, but should be separated from it by a thin cloth.

The distressing condition which infants fall into because of the excoriating effect of acid dejections will be quickly relieved by bathing the outer parts with a cool solution of soda, and keeping the rectum washed out with the same. I have often seen them changed from a kicking, screaming mass, to that most desired of all things, a sleeping infant, before the operation had been completed.

In convulsions from any cause, when attended with high fever, I believe cold to be far more safe and efficacious, than the time-honored hot bath.

I like here to apply ice to the head, compresses to the spine and chest, and to give a cool enema at once. The feet should be kept in hot water, and the compresses frequently renewed until fever abates and consciousness returns. If the fever does not begin to fall as soon as desired, we can transfer the child to a warm bath for awhile and finally to a dry blanket. The warm bath will, however, seldom be found necessary.

In conclusion I wish to say that I have not attempted to say anything new, but only to review that which you all know, with the view of adding corroborative evidence to the effectiveness of this method of treating children's diseases, and to assist in the removal of prejudices against its use which still exist, to some extent, among doctors and the laity.

I wish it further understood that though no mention has been made of drugs, I fully believe in their use when indicated.

Treatment of Erysipelas.

Dr. John T. Winter, in a recent number of the "Maryland Medical Journal," gives some very practical points in the treatment of this oftentimes very obstinate condition, from which we abstract:

Erysipelas is, in my opinion, not only a local, but almost always a constitutional disease, as much so as is diphtheria, and should receive constitutional and sustaining treatment. The indications for treatment are, therefore, to subdue inflammation and promote restoration to the normal condition in the part affected; to prevent spreading to other parts, and to support the strength. The first indication would, therefore, be to subdue inflammation by inducing free action of bowels, kidneys and skin. A full dose, ten to twenty grains, of the old compound jalap powder, if you dare use such a remedy to-day, might be given, and repeated in twelve hours if necessary, or a mercurial purgative, a tablet of calomel, for example, or even a seidlitz powder, repeated every six hours until the bowels are freely moved.

Purgatives, while not indicated in low inflammation or low fever, are especially indicated in sthenic inflammations and high fevers, and are, therefore, appropriate in acute local erysipelas, whether idiopathic or traumatic, but should be given with caution, and in not sufficiently large doses or long continued to cause diarrhea, for that might tend to increase the debility of the patient.

It will be wise, in many instances, even at your first visit, and before the bowels have been opened, to order a diaphoretic and diuretic mixture. A favorite prescription of mine for this purpose would contain in each dose, Tinct. Aconite Rad. M i to ii, Spts. Aether Nitr. M 15, Liq. Ammon. Acct. q. s., dr. ii, which should be given in not less than a wineglass of water, and repeated every hour or two as necessary. Aconite, given at the commencement of this disease has, I think, helped to cut short the attack in a number of instances. It seems to assist in reducing the swelling and hardness, and to prevent the inflammation from spreading, but in spite of this, and many other remedies, the inflammation will in certain cases continue to spread. The local treatment will, even at your first visit, in many instances, require your attention.

Remember there is heat, redness, swelling and pain, and for these, and other conditions in this disease, the remedies are legion: Aconite, antipyrine, belladonna, bismuth, bromides, carbolic acid, chloral, collodion, nitrate of silver, jabarandi, iron, quinine, hyoscin, ichthyol and a host of others.

The application of cranberry poultices, either hot or cold, exerts a soothing influence, and helps relieve the burning. For this same purpose carron oil (equal parts of linseed oil and lime water) has been a favorite with many practitioners in this city, applying it just as if it was a burn, but as it quickly becomes exceedingly offensive, I have for a number of years used cottonseed oil in making my carron oil. I have used spirits turpentine, locally, several times, and with good results. In one instance it was almost the only thing tried that afforded relief, but the patient, a not overly strong young woman, could only bear it for a few minutes at a time, but in the few minutes it would stop the intolerable burning. The redness was perceptibly bleached each time it was used. In using this medicine locally a good plan is to dip a piece of flannel in hot water and squeeze it as dry as possible and then dip it in the turpentine and wring it again, and apply it to the erysipelous surface for fifteen minutes or longer, according to the sensitiveness of the patient's skin. This is especially applicable in erysipelas of the head, where there is much burning and where there seems to be danger of the brain being involved.

Ichthyol is much used to-day. It can be used with an equal part of vaseline, and covered with antiseptic cotton or gauze, or it can be used with collodion. I have used it with the vaseline, but did not think it equal to the carron oil.

Silicate of potash, applied to the skin, is said to cause immediately a sensation of coolness, the skin becoming pale and temperature lowered, and it would, therefore, seem to be applicable in this disease.

The almost mechanical rules that govern the extension and limitation of the local process in this disease has led to various attempts to substitute artificial boundaries for those of nature, and to substitute a simple inflammation for this specific disease. For this purpose, pressure by adhesive plaster or collodion has been resorted to, but in many locations no form of pressure

save that by collodion is practicable, but the depth to which such pressure reaches is too slight to be of much value. For this reason scarification of the healthy skin beyond the edge of the inflamed area, and touching the raw surface with the solid stick of nitrate of silver or a strong solution of carbolic acid has been resorted to, but this, even if beneficial, would be apt to make a permanent scar, and should not be done. Painting a line half an inch wide on the sound skin, surrounding the inflamed area with tincture of iodine, or even with the solid stick of nitrate of silver, would seem more rational. The former I have resorted to many times.

Sometimes the inflammation would extend to the artificial margin that I had made and would be arrested at that point, but in the majority of instances none of these methods would avail, the inflammation extending across and beyond such boundary lines as promptly as if they had not been attempted. In one instance where I had used the solid stick of nitrate of silver the line could be plainly seen for the next year or more every time the lady's face got either warm or cold, and I received each time a blessing.

The constitution of the patient will always have to be taken into account, and in many instances tonics will have to be given from the very beginning of an attack, and for this purpose the tincture of the chloride of iron possesses especial virtues, and has been thought for many years to be as near a specific for this disease as we have. It should be given in comparatively large doses, twenty to forty drops every two to four hours (the drops are small, 150 to the ounce).

It should be remembered, however, that a gastric disturbance is one of the most constant symptoms in erysipelas. Proper attention to the diet of an erysipelous patient is of first importance. It should be generous and composed of highly nutritious substances, and unless temperature is high, I urge them to take anything they will have from the family table, and at shorter intervals than in health, but if temperature is high, I allow only liquid food, but still have it as nourishing as possible.

Stimulants are many times required, and from early in the disease, especially in elderly persons, or where the disease is assuming a low or typhoid form. In the form

of whisky it can be given quite freely, especially when the tongue is brown and dry and when the first sound of the heart can hardly be heard. The carbonate of ammonia would also be indicated in such cases and can be given alone in syrup or acacia or in combination with the alcoholic. Strychnine is a valuable remedy, especially when there is threatening of heart failure. Quinine is highly indicated when the pulse is soft and tremulous or very quick, or where there is a low muttering delirium. The combination of quinine and tincture of the chloride of iron is of especial value in the low forms of this disease. Jabarandi has been used in all stages of this disease, both locally and internally, and in some instances where the active principle, pilocarpine, was used hypodermatically, it was thought to have aborted an attack. It is not suitable, however, in debilitated cases, or where the heart is weak.

Headache is often intense in this disease; also pain and sleeplessness, and will require some attention. For these purposes I prefer morphia. Chloral and the bromides are highly recommended, but the bromides have in several instances seemed to increase the delirium. The hyoscin hydrobromate, in the 1-100 grain dose, hypodermatically, is now under trial, but should not be used when the heart is weak.

When erysipelas occurs in a recent wound the secretions dry up and the margins become inflamed, swollen and red. In the phlegmonous form, when suppuration has taken place and pus has become filtrated through the areolar tissue, long and free incisions ought to be made to give it exit.

A medical man with cases of erysipelas on hand should not attend a woman in confinement without changing his clothes and disinfecting himself as thoroughly as possible, for there is hardly any question but that the poison of erysipelas may give rise to puerperal fever; still I have attended, twice, I think, where the woman was suffering with facial erysipelas at the time she was confined, and escaped further infection. Every precaution was, of course, taken to protect the vulva and to keep it well covered with antiseptic dressing. The meddlesomeness of the nurse will have to be guarded against in cases of this kind.

The therapeutics of erysipelas must be applied with the understanding that it is

more important to lead the disease to a safe termination than to try to cut it short by active medication, for the latter is, perhaps, impossible, unless the antitoxine theory proves to be a success.

Treatment of Gonorrhea.

In performing irrigation, it is well to get the patient used to having his anterior urethra thoroughly irrigated. When he finds he is not hurt, he will instinctively relax, and often without his knowledge some of the fluid finds its way into the bladder; then he himself soon learns to relax the compressor muscle by trying to perform the act of urination. In this way the fluid flows into the bladder without any violence. The patient should sit on the edge of a chair, obtaining a comfortable position, sometimes by leaning back and relaxing himself completely. Then he holds a pus-basin in position with the left hand, while the physician sits on his right. In this way the bladder can often be filled rapidly, even when the height of the reservoir is but 2½ feet. And it is important to avoid using any force whatever.

In some very few cases, after thoroughly cleansing the anterior urethra, the patient is placed on his back, and with a large hand syringe, holding about 3 ounces, the bladder is filled from the meatus without the use of a catheter, after the method suggested by Guiard of Paris. The strength of the solution used seldom exceeds 1 to 2000 for the anterior and 1 to 4000 for the posterior urethra; this is the best method to pursue in the majority of cases.

In addition to this treatment argonin in 10 per cent. solution may be used in the anterior urethra alone, injecting it by an ordinary urethral syringe and holding it in the urethra for a space of five to ten minutes.

In private work this should be done twice a day for three or four days, according to the case, after that once a day, and in numerous cases the case comes to a complete close within a week, and incapable of returning except by reinfection. The most brilliant cases are those seen early, but it may be applied at any stage. If it fails it is because of infection of some para-urethral follicle which has been overlooked or some diverticulum within the urethra. In these early cases the disease seldom reaches the

posterior urethra, and often it is never necessary to irrigate the posterior urethra in a given case at all.

The course of the disease should be followed by microscopical examinations, the treatment carried on several days after the gonococci have disappeared, and the patient kept under observation for a while. The only drugs given by the mouth are for the general condition or to keep the bowels open. Exercise, so far as possible, is interdicted. Alcoholics are absolutely forbidden during treatment, but attention is seldom paid to diet. The success of the treatment depends upon careful attention to details, so that it is never advocated giving the solutions to the patient to use himself.—G. K. Swinburne (Jour. Cutaneous and Genito-Urin. Dis.).

How to Apply Starch Bandages.

To apply a starch bandage, bandage the part snugly, neither tight nor loose, with unbleached muslin roller—two thicknesses. Have made a bowl of warm starch about as thick as gelatin. With the hand rub the starch into the muslin roller; do it thoroughly. Apply another bandage over this and repeat the rubbing in of the starch. Apply a final dry roller over this. Keep the parts at rest and in an hour or two the bandage will be dry, light and comfortable, forming one of the best splint dressings ever devised. It is easily removed or opened at any point, and the material for its manufacture may be found in every home. It has many advantages over the plaster-of-paris, that has been so popular. It does not set so quickly as the plaster, but that is about the only advantage that can be claimed for the latter—Summary.

The Quarter Centennial of the North Central Illinois Medical Association.

This meeting of the above society will be held at Streator, Ill., on December 6 and 7. At this meeting it is hoped to have present not only all the living founders of the society, but every living member of the profession who may at any time have been connected with the society. Extensive preparations have been made and every indication points to an unusually good meeting. We give below an abstract of the program of the scientific portion, though

at this time the social functions will not be relegated to the place they ordinarily occupy in this society, for be it understood its meetings have heretofore been of the most intensely scientific and practical nature.

Address in Practical Medicine—Subject, "Alcoholic Inebriety," C. B. Johnson, M. D., Champaign.

"Some Ethical and Practical Points," James Tweddle, M. D., Washburn.

"Sophistication of Medicine," W. L. Downey, M. D., Wenona.

"In the Nature of His Profession, the Physician Is Not His Own Dispenser," S. O. Hendrick, M. D., Henry.

"The Hypodermic Use of Arsenic," H. N. Moyer, M. D., Chicago.

Address in State Medicine—Subject, "The Management of Our Hospitals for the Insane Under Our Present System," J. C. Corbus, Sr., M. D., Mendota.

"The Coroner," J. J. Taylor, M. D., Streator.

"How Long Will the Scarlatinal Poison Retain Its Vitality?" E. W. Oliver, M. D., Wenona.

Address in Surgery—Subject, "Calculus Pyelitis," L. L. McArthur, M. D., Chicago.

"Diagnosis of Brain Tumors," Roy Sexton, M. D., Streator.

"Tubal Pregnancy," J. A. Freeman, M. D., Millington.

"Eye Strain as a Cause of Headache and Other Nervous Manifestations," C. D. Thomas, M. D., Peoria.

"The Desirability of Better Training in Diseases of the Eye, Ear, Nose and Throat for the General Practitioner," J. R. Hoffman, M. D., Chicago.

The American Microscopical Society, at its recent annual session, elected the following officers for the coming year, 1899: President, Dr. William C. Krauss of Buffalo; first vice-president, Professor A. M. Bleile of Columbus, Ohio; second vice-president, Dr. G. C. Huber of Ann Arbor, Mich.; secretary, Professor Henry D. Ward of Lincoln, Neb.; treasurer, Magnus Pflaum of Pittsburg; executive committee, Professor S. H. Gage of Ithaca, Dr. A. Clifford Mercer of Syracuse and Dr. V. A. Moore of Ithaca.

ITEMS.

Yesterday—A waste basket into which lost opportunities are dumped.

It is said that Glonnin is a respiratory stimulant to the extent that it is an excellent remedy for use in the dyspnoea of pneumonia, asthma and such conditions.

There is a law in France which requires that a surgeon shall disinfect his instruments before performing a surgical operation.

A Lewis Carroll memorial cot has just been endowed in the London Children's Hospital in honor of the author of "Alice in Wonderland."

Dr. John Punton has purchased "Langdale's Lancet" and has changed its name to the "Kansas City Lancet." We welcome the doctor to the editorial guild.

Cornell University Medical College has received a gift of one and one-half million dollars from Col. O. H. Payne. This is the second gift from Colonel Payne, the former being \$150,000.

A banana diet in typhoid fever is recommended by Dr. Ussery of St. Louis. The banana, he says, is almost wholly absorbed by the stomach, easily digested and very strengthening.

The recent frosts have released the quarantine regulations which have for the past few months held such an ominous sway over the Southern states. The health officers can now breathe freely once more.

Dr. John Ashhurst, professor of surgery at the University of Pennsylvania, recently suffered from an attack of apoplexy. While he has partially recovered, he is not sufficiently so to be able to resume his duties during the winter.

Dr. P. S. Connor of Cincinnati, whom President McKinley appointed on the army investigating committee, has demonstrated his well-known ability as a business man and an educated physician, by the thoroughness with which he is conducting his part of the inquiry.

The outbreak of bubonic plague in Nothnagel's laboratory is a very sad occurrence. Barisch, the student, is dead; Müller, the physician who attended him, is also dead, and the nurses are also ill from the same trouble.

Owing to the wound he received at Fort Fisher, Captain "Bob" Evans was retired from the navy's active list, and was only restored after much pleading by a joint resolution of Congress, which exempted him forever from physical examination as to disability. He is the only officer in the service who has been so honored.

The Cleveland Medical Library Association held the formal opening of its new home on October 13. The building and the association are both innovations with the medical fraternity of Cleveland, and the doctors composing the organization are to be congratulated.

What better evidence of the overcrowded condition of the profession of medicine could be desired than that furnished by the large number of applicants for positions as surgeons and hospital attaches in the late war. Nor was the list made up of those who were presumably struggling to gain a foothold in practice, but very often appeared the names of those already quite prominent in the profession.

The meeting of the Southern Surgical and Gynecological Association, which was to have met at Memphis on November 8, 9 and 10, has been postponed until December 6, 7 and 8, on account of the quarantine regulations in some parts of the South. An excellent program has been prepared for this meeting and it is confidently expected that the attendance will be even larger than is usual.

An English medical authority gives it as his opinion that if the present rate of decrease in phthisis cases continues the disease will have disappeared in thirty years' time in that country. This is the most hopeful word yet pronounced in relation to this malady. As its decrease has chiefly been brought about by sanatoria for consumptive patients the utility of methods of prevention may now be regarded as established.

The fourth annual meeting of the Western Ophthalmologic and Otolaryngologic Association will be held in New Orleans February 10 and 11, 1899.

As the Mardi Gras takes place in New Orleans on the 13th and 14th of February it will be necessary to reserve hotel accommodations at an early date. For information concerning hotel rates, etc., kindly address Dr. Wm. Scheppegegrell, 124 Baronne street, New Orleans.

The special course now being given in the Chicago Clinical School is, as will be seen in another column, a rare opportunity for instruction in the special lines indicated. It is indeed doubtful if there is such a practical course attempted by any other post-graduate institution. Being under the personal instruction and direction of two men, both eminent, as in anatomy and surgery, is a fortunate opportunity as well as a guarantee of the excellence of the instruction afforded.

MODERN THERAPY.

THE SENSIBLE TREATMENT OF LA GRIPPE AND ITS WINTER SEQUELÆ.

The following suggestions for the treatment of la grippe will not be amiss at this time, when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give a five-grain Antikamnia Tablet, crushed, taken with a little whisky or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours, as required. Often a single ten-grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic are Antikamnia and Quinine Tablets, each containing $2\frac{1}{2}$ grains Antikamnia and $2\frac{1}{2}$ grains Quinine. One tablet three or four times a day will usually answer every purpose until health is restored. Dr. C. A. Bryce, editor of "The Southern Clinic," has found much benefit to result from five-grain Antikamnia

and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

THE EXTERNAL USE OF SALICYLIC ACID.

A point of much importance which has been overlooked in the use of salicylates in the treatment of rheumatic and neuralgic conditions is the external application of the remedy. The efficacy of this procedure is at once apparent to the practical and progressive physician, since thereby he can apply the drug directly to the part affected, so that the greatest quantity is absorbed where it is most needed. Furthermore, by this method the disturbing effects of internal medication upon an irritable stomach and sensitive nerves can be entirely avoided.

Some of the most eminent French physicians have ascertained by extensive clinical experimentation that the salicylates, and especially the salicylate of sodium dissolved and used as a liniment, when applied to the fleshy part of the thigh, where the skin is of a delicate texture, are rapidly absorbed and slowly eliminated, thus securing the full potency and value of the remedy with the least disturbance and irritation to the alimentary tract.

The internal administration of any one of the Tongaline preparations as indicated, given at short intervals, and each dose washed down with plenty of hot water, may be supplemented by the local application of Tongaline Liquid. In this manner the therapeutic effects not only of the salicylate of sodium, but of the other ingredients of Tongaline, are felt very promptly and to such an extent that the acute pains of rheumatism and neuralgia are quickly allayed and the patient enabled thereby to obtain refreshing and tranquil sleep, while the strong eliminative action of Tongaline, by being used both internally and externally, speedily induces the desired results.

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W. A. KAFLEWSKI.

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The Technique of Minor Surgery and Its Importance.

By DR. W. A. KUFLEWSKI, Professor of Minor Surgery in Chicago Clinical School.

(A lecture before the class in attendance at the CHICAGO CLINICAL SCHOOL.)

Gentlemen:—The department of minor surgery in the general practice of medicine is a most important one to the general practitioner, inasmuch as he is liable to be called to attend such a case at any moment. So long as accidents occur there will be the necessity for minor surgery. There are a multitude of little points, apparently insignificant, in the practice of our profession, and especially in the matter of minor surgery, which are of preëminent importance. In the ordinary minor injuries about the body we must take into consideration all these minute points, weigh each well and proceed as our best judgment dictates, for we know that brilliant diagnoses are developed oftentimes from the little points in the symptomatology.

The physician who enters the ranks of our profession with the idea that he already knows enough for all practical purposes would do better to start a beer garden. I certainly would not advise him, and especially the young man in our profession, to be overbold in his eagerness to wield the scalpel, in order that he may be able to roll up a large list of surgical operations, the results of which he may be compelled to later reveal with more or less caution. Since the minor details of an operation, whether large or small, are of such paramount importance, it does seem strange that many will rush into them without proper preparation and attention to detail. There can be no excuse for any physician not being able and prepared to dress any wound aseptically and antiseptically.

Sepsis: It is a toxic or putrifying condition. The active agents of decomposition are the micro-organisms which will develop at once into a disintegrating activity,

whenever the conditions favorable to their development are present.

Asepsis: Indicates the absence of all putrefaction and septic material or pathogenic micro-organisms. Prevention of sepsis means scrupulous cleanliness in the treatment of all wounds; it also means the proper use of such drugs as will prevent the production and development of such germs as may be accidentally present, even in the healthiest body or the most cleanly environment; we will thus defend as far as possible the body against the invasion of the septic process. You have already had fully explained the processes used in the development of the germ fungi, so that I need not at this time describe it in its technical detail. The mode of preservation is by thoroughly boiling the substance, and while very hot hermetically sealing the vessel in which the substance was boiled. By this process we first render sterile the substance, and, secondly, preclude the possible access of new micro-organisms to the sterilized substance.

Antisepsis: This is the process of constantly keeping the germicidal agents in contact with a wound or substance which we desire to render antiseptic. Inasmuch as complications in the healing of wounds are almost always due to the presence of micro-organisms, we therefore must endeavor to prevent their contact with such wounds, and at the same time, in our efforts at disinfection, we must not use such agents as will injure the oftentimes delicate and inflamed tissues of the wound.

Surgical Infection: The pus or pyogenic microbes are as follows: 1. *Staphylococcus-pyogenes-aureus* being the most common. This may be destroyed by a few minutes' boiling, by corrosive sublimate and by many other similar agents. It is found in the soil, air or water, in the superficial layer of the skin, the mouth, pharynx, alimentary canal and under the nails. 2d. *Staphylococcus-pyogenes-albus*; this germ has a character very similar to the one just mentioned, excepting that it never assumes

a yellow color, but on the other hand is always white. 3d. *Staphylococcus-pyogenes-citreus*. 4th. *Streptococcus-pyogenes*; this germ is found in the nose, saliva, vagina and urethra. It differs from the staphylococcus in that it grows more slowly and never causes a liquefaction of gelatine. 5th. *Bacillus-pyocyaneus*, which germ exists in the so-called blue pus formation.

These pyogenic cocci exist in all acute abscesses. The staphylococci exist in circumscribed suppurations, as for instance in boils and carbuncles; the streptococci in all spreading inflammatory actions, such as erysipelas or cellulitis.

Pyemic supuration is a septic condition—the sequel of wounds or allied conditions which have become infected. In these the inflammation is accompanied by an accumulation of the leucocytes which have passed out of the blood vessels into the tissues, and there is at the same time a limited liquefaction of the tissue elements, the part thus infected becoming occupied by the creamlike fluid known as pus. Supuration may possibly exist without micro-organism being present, but inasmuch as it does not often so occur, therefore to exclude cocci is to exclude the formation of pus.

There are many other forms of surgical microbes which I might mention at this time, but it is unnecessary to discuss them more in detail. I would simply call your attention to the streptococcus-erysipelatis, bacillus gonococcus, bacillus tetanus, bacillus tuberculosis and others equally important.

The virulence of a micro-organism is affected by the temperature, sunlight, moisture, dryness and as well by association with other bacteria.

Protection from, or immunity to, infection may be local or constitutional, congenital or acquired, and may concern some particular infection or may amount to general immunity. Fatigue notoriously renders the individual or animal much less immune under any circumstances. It is likewise true that man is much more susceptible to infection by pyogenic germs than are most of the lower animals. Diet has frequently much to do with the powers of tissue resistance in either man or animal.

Surgical Sterilization: Let us for a moment compare the different teachings, and the practical results of such, in their re-

spective countries. The English school, which practically teaches the destruction of pyogenic, consequently non-spore bearing, bacteria only. With them skin sterilization includes shaving, scrubbing, thorough washing with soap and water, and a mixture of one to twenty carbolic solution, which performance, after a thorough saturation with turpentine, is repeated, using a brush—a five-minute performance. Dressing sterilization gauze is thoroughly impregnated with antiseptics. Silk is kept for a few days in a carbolic solution, and the catgut is kept for at least a week in the same solution. With them the instruments require an immersion for two or three hours before the operation in a carbolic solution of one to twenty.

French Sterilization: This method aims at the destruction of all sorts of bacteria, pathogenic or not; it consequently attempts not only surgical, but bacteriological sterilization. With shaving, scrubbing, brushing and washing with green soap and sterilized, filtered water, there is the saturation with ether, and a subsequent brushing with a 1 to 2,000 solution of corrosive sublimate. Gauze is sterilized in the autoclave at high pressure steam. Silk is first boiled in filtered water, then in an antiseptic solution, and finally steamed in the autoclave. Catgut is treated by the dry heat method. Instruments are given a prolonged boiling in one-half per cent. carbonate of potassium solution, and then given the dry heat process.

German Sterilization: These enthusiasts advocate the extermination of all surgical bacteria, spore-bearing or not, pyogenic or not. The skin is sterilized by shaving, scrubbing and brushing with water as warm as is safe and drying with sterile gauze, then saturating with an 80 per cent. alcohol, to be followed by a scrubbing with a 1 to 200 sublimate. This school sterilizes gauze by steam at an ordinary pressure. Silk is rendered sterile by steam or by boiling; catgut by chemicals. Instruments require boiling for five minutes in a one per cent. solution of carbonate of sodium.

The Polish school is very analogous to the German, with the exception of a late improvement by Prof. Rydygier, who stands at the head of this school. He maintains that the pneumonia, which sometimes follows operations, is frequently due to the use of the glass-covered tables. He obvi-

ates this disadvantage by having a covering made of sail cloth, fitting over the iron frame, the same being removed and washed after each operation. If a solid top be indispensable, he uses one made of hardwood. The last thing before operating he washes his face, wets his beard and hair, rinses his mouth and gargles with some antiseptic fluid, which performance, he confesses, sometimes produces somewhat of a sensation among those fortunate enough to be of the audience. He never uses gloves, mask or cap, but always has beside him a couple of basins of sterile water, in which he frequently rinses his hands during the operation. He rejects brushes and sponges on account of the difficulty of perfect sterilization. Another peculiarity of this same eminent man is his belief that there is less danger of infection in the private residence than there is in the home, provided, of course, that the sanitary surroundings are good. He therefore advises patients having well-lighted rooms and means to pay for the more expensive after-treatment at home to be operated upon in their own residences.

Wounds: Homer, in his writings, has something to say concerning the treatment of wounds by physicians of his day, and says that they, before putting salve on the wound, wash out the clotted blood with warm water, first applying "bitter root, having powdered the same in the hand, which stopped the pain and freed the patient from ill suffering." The wound dried up thus and the bleeding was not to be feared. The salve and the powder may have changed somewhat since then, but the method of cleansing the wound and stopping the hemorrhage is thoroughly up-to-date.

In the sixteenth century there was inaugurated the practice of burning out of all wounds, which practice was continued until the time of Paré. This same authority mentions the fact that at one time, after a fierce battle in the storming of a castle, very many men were wounded, indeed, so many that it was only possible that half the number could have their wounds burnt out with hot oil the same day. Paré was beside himself with fear that those who were not thus attended would all be dead by morning. Imagine his surprise to find the next morning that those who were not thus treated were in good spirits and with

their usual appetites, while those who were presumably, fortunate enough to be thus cauterized had suffered from the naturally expected pain and swelling. This was lesson enough for Paré and thenceforth he was an open avowed antagonist of the brutal practice.

In the seventeenth and eighteenth centuries various methods of the treatment of wounds was introduced and practiced with greater or less success. Even as late as the nineteenth century it was common practice in the hospitals to wash the wounds twice or three times daily; doubtless there was by this method many cases in which the wounds became infected from others in the hospital at the same time. Infection was the rule in all wounds, and as might have been expected, the death rate was very high; indeed, recovery was rare rather than the rule.

Such was the practice up to the period when Lister announced his antiseptic method of treating wounds, the field having been prepared for him by Pasteur, Klebs and others. After this the progress of the treatment of wounds was rather by great strides than by steps.

A wound is a solution of continuity or a deviation of the tissue by a cutting, tearing or compressing force. For convenience in discussion we may divide wounds as follows: Open; subcutaneous; incised, when made with a sharp or cutting instrument; lacerated, when the tissues are extensively torn or separated; contused when resulting from a more diffused force, tearing and bruising the tissues; punctured, when produced by some narrow instrument, which causes a wound whose depth is greater than its external surface, such as a stab wound; poison wound, when some poisonous substance enters the wound and produces both local infection and constitutional disturbance; gunshot wound, resulting from firearms or explosive powder.

The local phenomena of wounds are pain, hemorrhage, inflammation, loss of function and gaping, or retraction of the edges due to tissue elasticity. The pain is due to the injury of the nerves or inflammation and varies in intensity according to the location and nature of the injury. In an aseptic wound the pain is usually light, but in an infected one it is ordinarily severe. Hemorrhage varies with the vascularity of the part injured, the variety and

extent of the injury, and the condition of the system at the time. Loss of function depends on the situation of the injury.

Frequently there are constitutional effects of wounds, which general effect is termed septic fever and results from the absorption of fibrin ferments, such, for example, as is frequently seen in subcutaneous fracture. It begins as soon as the reaction from the shock has become established, and gradually but promptly subsides. It would be a mistake to expect no constitutional symptoms after wounds or operations, or to invariably ascribe them to infection if they do arise.

The changes which occur in the tissue during the infliction of a wound, for instance, an incised wound, are as follows: As the section is made the capillaries, arterioles and venules within the field of irritation instantly contract, but immediately thereafter dilate. With the impingement of the knife the tissues retract and hemorrhage occurs; the wound fills with blood, and if no large vessels are divided the hemorrhage may cease spontaneously by coagulation, the coagulation in this case resulting from a combination of the paraglobulin of the leucocytes with the fibrinogen of the plasma.

Immediately following these changes are hyperemia, redness, swelling, heat and pain in varying degrees, according to the conditions presenting, in the edges of the wound, and then general cell proliferation takes place. Without this inflammatory process no repair of tissue is possible. However, to understand the process of regeneration, we must understand the cell life and its action.

The nucleolus represents the most vital part of the cell protoplasm, and is a minute solid spot in the nucleus. Cell division is preceded by the division of the nucleus, which forms, by a simple process of constriction, into two equal parts, and this process again is imitated by the division of the nucleolus. This is what we call direct division of the cell. The indirect division of the cell or karyokinesis is white and universal, and occurs in both animal and plant life. In this the chromoplasm undergoes, previously to the division of the nucleus, a series of remarkable changes, the ultimate result of which is the separation of its chromatin into two exactly similar portions, which go to form the chromatin of

the daughter nuclei. Protoplasm of the cell accumulates around each daughter nuclei and forms two separate cells. Every cell reproduces its kind—that of connective tissue cells produces connective tissue, epithelial cells producing epithelium and bone cells producing bone.

The Healing of Wounds: Repair takes place in all wounds by the organization of plastic lymph. The process of healing is as follows: 1st, union by adhesion or first intention; 2d, adhesion by granulation, or second intention; 3d, secondary adhesion or third intention, the union of granulating surfaces.

In the successful treatment of the wounds of minor surgery the following points are necessary:

I. ARREST OF HEMORRHAGE.

Hemorrhage is the escape of the blood from any part of the circulation. The temporary control of hemorrhage is usually made by compression upon the bleeding point by the thumb or finger or over some accessible place in its continuity, but in this we must remember that there is always danger of devitalizing the adjacent tissue if this pressure be maintained too long. Another method of control is by the hemostatic forceps, which are first used to differentiate the artery from adjacent tissue prior to torsion or the application of a ligature, and, secondly, for the purpose of crushing the artery. The tourniquet may be improvised by tightly twisting around the part a rubber band or handkerchief, but this must always be used with great caution, inasmuch as paralysis of important nerves is apt to result in some cases.

Permanent control of hemorrhage is made by (a) ligation—tying the vessel with catgut, silk, etc.; (b) torsion, styptics, heat and cold; (c) elevation; (d) pressure; (e) acupression.

II. ESTABLISHED REACTION.

In many cases it may be necessary to use some artificial means to assist in establishing reaction in the tissues near the wound, but these should only be resorted to when the exigencies of the case seem to demand them as necessary.

III. REMOVE FOREIGN BODIES, ASEPSIS, DRAINAGE AND DRESSING.

Incised wounds, with few exceptions, heal kindly and promptly, if only the cut

surfaces are maintained in apposition and allowed to be at rest. The great difficulty in effecting this, however, is the fact that there will frequently escape into the wound a greater or less quantity of the blood serum, thus forcing the surfaces apart and causing there further trouble by itself undergoing decomposition. To prevent this escape of blood or serum into the wound careful securing of all the vessels is necessary, and further taking the precaution of, just before making a final closure of the wound, expressing the foreign substance by a firm and equal pressure on the sides of the wound.

At present, with the great improvement which we enjoy in the treatment of wounds, we can overcome many of these difficulties by a use of the pressure forceps or clips during the operation, so closing the orifices of the smaller vessels as to prevent leakage from them. Then, also, the use of animal material for ligatures, which, by its nature, is absorbed and therefore offers no impediment to the proper healing of the wound. Drainage should be employed when it is necessary. Listerism is most important in the treatment of minor wounds, as well as the more important ones. The wound is dusted with iodoform and a piece of protective varnished silk, wet in a 1 to 40 carbolic solution, large enough to cover the closed wound, is applied, and overlapping this is applied several layers of carbolized gauze, wrung out in 1 to 40 carbolic solution; then over this wet layer an equal layer of dry carbolic gauze is to be placed; over which dry gauze is to be placed a sheet of rubber cloth; then another layer of dry gauze, then a layer of cotton, all bound on by a carbolized bandage.

The ordinary dressing is made by using dry iodoform gauze next the wound. This is covered and overlapped by bichloride gauze; absorbent cotton overlaps the whole and is itself covered by the bandage.

In the closing of a wound one of the chief points to be observed is that all parts of the wound are brought together with an equally distributed pressure. Another is that there be left no coagula or serum which may later form a nidus for the development of bacterial life. If possible avoid the necessity of using drainage in the wound. However, we must adhere to the rule that the wound must not gap at any part, even if the use of drainage be neces-

sary to prevent such gaping. When it becomes necessary to use drainage it should be so adjusted that the fluid will readily gravitate from the deepest portion of the wound out into the dressing without difficulty.

If laceration has occurred in the wound, before approximating the surfaces the shreds should be carefully trimmed off, and as smooth a surface as possible obtained, in order that there may be no tissue left which will come away later in a slough.

The dressing of wounds should never be changed except for good cause. If penetrated by the discharges at some spot or spots, and prompt drying at the margin of the stained area takes place, a pad of aseptic gauze had better be placed over the stained spot, rather than undress the wound. If the dressings be thoroughly soaked the superficial portion must be changed, leaving those next the wound unmoved.

IV. REST AND BANDAGING.

Secure rest to the part and combat any inflammatory action that may arise. Constitutionally allay pain, secure sleep, keep up the nutrition and treat the inflammatory conditions. Bandaging is not strictly a science; it is rather the act or operation of tying up the wound or injury. A bandage is, technically speaking, a fillet, band or strip of cloth or similar material, for stopping the effusion of blood, further injury from the air, from accident or from violence. The great number of bandages which have been invented or devised precludes the possibility of anyone knowing about all of them, but everyone should at least have a fair knowledge of the fundamental principle employed, and as well to be able to apply them skillfully.

Regarding special bandages, their number is so large and ideas concerning their merits so different that some latitude must be allowed for the matter of individual opinion in the same. Doubtless in more than one way can the desired object frequently be accomplished in the use of special bandages. It is much more important to understand the proper use of the ordinary bandage, and the limits of its application, for it is lamentably true that there are many practitioners who attempt to do a laparotomy, or such operation, who cannot

to save their lives properly apply a finger bandage.

In the application of the bandage the surgeon should stand in front of the part to be bound, and if the part be a limb it should invariably be placed in as nearly a natural position as is possible.

To remove the bandage the terminal extremity should be taken in one hand and passed behind the limb and given into the other hand, and then back again in front, the folds of the bandage being gathered in a loose bundle as they are transferred from one hand to the other.

Bandages are named according to the arrangement of the turns of the bandage.

Figure-of-eight bandage consists of two circles joined together, as its name indicates. Spika is named from its fancied resemblance to a spike of barley. The circular, oblique, spiral and spiral with reverse are each described in their name, so that further reference to their forms is unnecessary.

There is but one way in which to accomplish the art of bandaging, and that is by personal practice on the individual subject, whether he be a patient or hired for the occasion; just as I have here demonstrated each form, you will only learn it by yourself attempting to make a smooth and practical application here in this clinic under my direction.

Defective Hearing or Mishearing in Its Relation to Shorthand Writing.

By WM. WHITFORD, Chicago, Ill., Official Reporter for the American Medical Association; American Association of Obstetricians and Gynecologists; Southern Surgical and Gynecological Association; American Public Health Association; Chicago Medical, Gynecological, Ophthalmological and Dental Societies; Illinois, Kentucky and Georgia State Medical Societies, and Chicago Academy of Medicine.

Acuteness of hearing is absolutely indispensable to the shorthand writer. Technically speaking, hearing is known as the "special sense by which the sonorous vibrations of the air are communicated to the mind. The cerebral center is excited by the vibrations of the fluid contents of the labyrinth or the terminal organs of the auditory nerve." The ear, through the agency of which certain forms of motion are inter-

preted as sounds, may best be considered as consisting of two parts, namely, a conducting mechanism and a receptive mechanism. The conducting mechanism collects the vibrations of the sounding body and transmits them to the receptive mechanism, through which this motion is recognized as sound.

THE VOICE.

The pitch, intensity and amplitude of a speaker's voice have much to do with the work of the stenographer, in that they will either greatly expedite his work or render it extremely difficult. A speaker, in addressing a convention in a large hall, may pitch his voice so low that perhaps only one-half of the audience can hear distinctly what he says, and it is largely guesswork for the other half to grasp his meaning. If a stenographer be reporting the proceedings of a large association, and the members rise and speak from various parts of the hall, the pitch of their voices will play an important rôle for good or bad. The acoustics of a hall may be perfect, but if the speaker's voice is improperly pitched, he will be imperfectly heard, and in such instances incorrectly reported. It is an irksome task for any stenographer, no matter how acute his hearing may be, to report a man who has a low-pitched, thick voice, coupled with a mumbling mode of utterance. On the other hand, the man who takes cognizance of acoustics and pitches his voice in a much higher key, if he articulates well, can be heard in the remotest nook or corner in a large convention hall without apparently any unusual effort. A low-pitched voice, combined with rapidity and indistinctness of utterance, will worry most reporters. A man with a tolerably high-pitched voice may be clear and distinct in utterance, yet excessively rapid in delivery. His clear-cut sentences may flow uninterruptedly at a rate of between 160 to 190 words per minute. Such a man can be reported with comparative ease by an efficient hand. We sometimes have to report men with imperfectly attuned voices who speak in a go-as-you-please fashion. Their sentences are diffuse, involved, and deficient in precision. It is a pleasure for us to report the masters of the language, of tone and gesture, who possess voices remarkable for their volume and range and their capacity to express every shade of feeling and of passion of the human soul. Deep in tone, and perhaps

melodious, such voices are magical in their power of controlling the feelings of those who listen to their varying cadences and exquisite modulations. Such a speaker was Mr. Gladstone, of whom the Rev. Joseph Parker says: "He has a rich, round, deep, expansive, melodious, grand voice. When he utters the word 'Troy' it is equal to an education; the pronunciation of a word is a commentary. He comes out of long sentences with absolute precision, with perfect grammar."

We are told that Henry Clay's voice had an indescribable charm. It could ring out in trumpet tones, or it could plead in low, plaintive notes, which pierced and thrilled the hearer. The voice of Daniel Webster was "deep, rich, musical, flexible and of prodigious volume and force." Mr. Lecky, in writing of Daniel O'Connell, says: "With an easy and melodious swell, his voice filled the largest building and triumphed over the wildest tumult, while at the same time it conveyed every inflection of feeling with the most delicate flexibility." On the other hand, Thomas Jefferson failed as a speaker, simply for lack of voice. His voice became guttural and inarticulate in moments of great excitement, and the consciousness of this infirmity prevented him from risking his reputation in debate.

Wendell Phillips, of whom Americans are proud, advised, for public speakers, a sustained conversational tone, a little elevated above the ordinary, with an effort at distinct enunciation. He advised, too, vernacular speech, even colloquial in tone.

A clear, distinct, far-reaching voice is undoubtedly a natural gift, although public speakers can do much by training to acquire an agreeable tone. Purity of tone, clearness of enunciation and deliberation of utterance are what make public speakers heard and interesting. Contrary to the belief of the general public, stenographers know very well that the loud voice is not always a distinct one. In reporting loud, excitable, inflammable speakers we have encountered difficulty at times in catching their exact words, owing to deficient enunciation or muffled syllables. Occasionally, a great speech is delivered which seems to preserve in print some of the chief elements of its power, but in the vast majority of instances it is but the worthless remains which the most expert

stenographer can give of that which, in its utterance, so charmed or electrified the audience.

Doubtless we have all listened to speakers whose voice and manner have rendered us restless, weary and uncomfortable, even when the subject-matter of the address was valuable and of interest to us, the speaker himself being usually entirely unconscious that the effect produced was so contrary to his aim. Doubtless, too, nearly all have at some time been made sensible how much of soul-stirring power may be communicated by the tones of the human voice alone, whether employed in speech or song, and we can appeal to the experience of many to witness that it is not so much in the words, however intense their meaning, as in the tones which convey them, that the soul's utterings are clearly recognized.

We cannot fairly estimate the possibilities and results of a good voice—they are too far-reaching—and it requires but little thought on the subject to realize that the direct benefits accruing to the possessor of a clear, well modulated voice are incalculable. The conversion of a poor, unpleasant voice to one of rich and musical quality discovers to its owner the energy of unsuspected forces. He finds himself in possession of a new power and control over men and affairs, resulting, in many cases, in definite pecuniary gains.

The thoroughly competent stenographer experiences little or no difficulty in reporting the speeches of men who are the fortunate possessors of such voices as we have described. It is not our province to dwell upon the faults of many speakers in the management of the voice, such as lack of proper modulation, indistinct articulation, speaking too slowly or too rapidly, or in a constant monotone, but to point out the many mistakes that are liable to occur in the professional work of the stenographer from bad speaking, for which he is sometimes unjustly assailed by the speakers themselves.

PROCESS OF HEARING.

Medical men have always considered the process of hearing in connection with shorthand writing as exceedingly difficult to describe satisfactory. The process of hearing may be considered in two distinct steps, namely, "one, the hearing of a sound as such, and the other, its recognition as a

word. A sound may be heard perfectly and yet the stenographer is not able to recognize that it is a word, or what it is." This is particularly true in technical reporting. A stenographer, in reporting the proceedings of a technical convention for the first time, may meet with words that he has never heard before. He may hear a sound or sounds, but fails to recognize that it is a word or what the word is. This is known as word deafness. Unfamiliar technical terms strike the ear of the average stenographer as a foreign language. In medical or scientific reporting, in hearing an unfamiliar word for the first time, one may write a word as he hears it, but wrongly, perhaps half a dozen times, and then in the seventh attempt, either by emphasis or slow utterance of the word by the speaker, he will catch it and write it correctly. I venture to say that the most expert stenographer, in hearing the words *cholecystenterostomy*, *choledocholithotomy* and *laparo-myomectomy*, for the first time, if uttered rapidly, even though he possesses the most acute audition, would find it extremely difficult, if not impossible, to take them down. It is true, the sounds of these words would excite the nerve fibers of the ear and through them the nerve cells of the center for hearing in the brain, but the mind, under such circumstances, is temporarily dazed by rapidity of utterance. Sir William R. Gowers says that the term phonetic shorthand is, strictly speaking, wrong; that as shorthand writers we do not write by sound, but by speech. It is the process for articulation, not the process for hearing, that is directly symbolized in the phonetic signs. The two processes, that for hearing and that for articulation, correspond perfectly. If a word that is heard is repeated, the sensory effect of the motor process of articulation—i. e., the sound heard by the speaker himself—is exactly the same as that which occurred when he first heard the word uttered by another person, but unless the stenographer is familiar with the word uttered, particularly if it be a long one, the receptive center in the brain becomes stunned, for the time being, so that he can make little or nothing out of it.

MISHEARINGS.

When a person undertakes the study of shorthand to fit himself for an amanuensis or a professional shorthand writer, it is pre-

supposed that his hearing is good; that it is in no sense impaired, and yet it is well known to aurists that shorthand writers manifest varying degrees of acuteness of audition. One with very acute hearing will catch the low, rapid, mumbling words of the conversational style of speaker, when his less fortunate colleague will unconsciously skip words here and there. Failure to catch words may be attributed either to imperfect training of the ear, or to some congenital or acquired defect in the auditory apparatus. Stenographers with impaired hearing unconsciously take down wrong words, particularly those of similar sounds. For example, a court reporter in this city, whose hearing is not very acute, in taking some medical expert testimony, instead of catching the words "ankle clonus," which the physician used repeatedly, caught the word "ankylosis," and so transcribed it. Fortunately, the physician in reading the copy detected the error and rectified it. Again, the word "artifacts" was taken down by an excellent reporter and transcribed "heart effects." In this instance, however, the error might have been due to the reporter's unfamiliarity with the words rather than to defective hearing.

It is exceedingly difficult to distinguish between mishearing and defective hearing unless the ear of the stenographer is subjected to a careful examination by an aurist and the tests for determining the normal acuteness of audition are carried out. A prominent aurist of this city told me not long since that during an extensive practice he had met with a large number of cases of impaired hearing among stenographers, who were unwilling to acknowledge that they were afflicted with partial deafness.

CAUSES OF MISHEARING.

Mishearings may be largely attributed to or arise from

1. Indifference or lack of interest on part of the stenographer in the subject-matter. This is eminently true when he has to report the speeches of men who are badly afflicted with *cacœthes loquendi*.
2. Noises in the room or hall in which the stenographer is taking notes.
3. Indistinct utterance or imperfect enunciation on part of the speakers themselves.
4. A conversation being carried on near the official reporter between two members,

while a third is addressing the convention. This is sometimes very annoying to the stenographer.

5. The president and secretary holding a low, muttering conversation relative to some subject to come before the meeting.

6. The speaker dropping his voice at the end of sentences.

(We have reported men whose words were so indistinct and badly muffled that they could not be reported accurately at a distance of fifteen feet. It is this type of speaker who criticizes the work of expert stenographers. Good speakers rarely do so. We must never expect to please the man who speaks rapidly and indistinctly, and at the same time hurls disconnected, intricate and unfinished sentences at us.)

7. Sneezing or coughing during a debate.

8. The slamming of doors.

9. Noises from the street during hot weather, when the windows of the hall in which a meeting is being held are open.

(We have a vivid recollection of reporting the proceedings of a dental convention in Wisconsin, some four or five years ago, in a small hall, when the temperature was 103° in the shade. The windows were all open and street paving was an accompaniment of the discussion.)

10. Bad pronunciation or enunciation; the final words of sentences being almost inaudible or doubtfully heard.

11. Unfamiliarity on part of the stenographer with the subject-matter.

12. Extreme hoarseness on part of the speaker.

13. Interruptions by newspaper reporters asking questions.

14. Two or three gentlemen trying to gain recognition from the presiding officer, and all addressing the convention at the same time.

15. Clearing of the throat on the part of some person, while another is speaking.

16. Partial, but temporary, deafness on part of the stenographer induced by a cold.

17. A change in the physical and mental condition of the stenographer, induced by a long siege of note-taking, the mind acting sluggishly and the muscles protestingly.

Mr. Thomas Allen Reed, the renowned English shorthand writer, in an article on "Hearing and Mishearing," says he has known the most whimsical mistakes to be made by reporters, owing to defective hear-

ing, to imperfect utterance of the speaker, or to the extreme similarity in sounds of certain words and phrases which have different meanings. He has in his own practice been doubtful whether a speaker said "alone" or "a loan."

REMARKS.

There are many stenographers who do court work very accurately; but place them in a big hall to report a meeting where the speakers are rising here and there to speak and their transcripts of the speeches would hardly pass muster. In reporting some men the closing portions of sentences may be inaudible and the exact sense may not be understood by the stenographer at the time; but careful, patient study of what precedes and follows will invariably enable him to ferret out what was actually said, particularly if he is familiar with the subject-matter. The court stenographer, therefore, has a great advantage over his less fortunate fellow practitioner, who reports meetings, in that the witness sits so close to him that he can catch every word that is uttered. Then, too, he is a privileged character; he can interrupt a witness if he fails to hear a word, or can take occasion to impress upon him (the witness) the importance of distinct utterance. The convention stenographer is compelled to take the speeches of men who speak from different parts of a hall, and unless they make themselves heard plainly, even with the most acute hearing, he is apt to skip words of sufficient importance to mar, or to lead to a misinterpretation of the speaker's ideas.

Fred Pitman has said that difficulty in catching words necessarily impedes the stenographer's progress, compelling him often to pause a moment until he can guess the word he has failed to hear. The effect on one's writing, of hearing a speaker well or ill, is very marked. A well educated man, with fair intellectual powers, possessing a good voice, and having a clear and graceful delivery, can be reported by an efficient hand, verbatim, at a rate of 180 words per minute quite easily; whereas, an uneducated man, with feeble logical powers, with vague, indefinite ideas, and having a bad voice and a worse delivery, cannot be reported at all without anxiety and difficulty.

Defective hearing may be due to some trivial cause which may be easily remedied

by consulting an expert aurist. It may not be congenital, but acquired; it may arise from impacted wax secreted by the ear, or some other unimportant causative factor.

While we are on the subject of hearing of stenographers, it should be remembered, too, that it is very necessary that typewriters, particularly those who receive direct dictation at the machine, should have very acute hearing, otherwise the most ludicrous mistakes will occur. This is particularly the case in medical work, in which so many words with similar sounds (but entirely different in meaning) are used, such as chemosis and ecchymosis, anemia and enema, macerate and lacerate, nephritis and metritis. The busy general reporter or court stenographer has little or no time to read over the transcript of a daily copy case; consequently he places implicit confidence in the accuracy of his typewriters. A stenographer who knowingly has defective hearing should pay more attention to sense than sound in his work, as by so doing he will steer clear of many errors that he would otherwise make.

From what has been said it will readily be seen that to catch the words of a masterpiece of oratorical genius and jot them down with literal exactness, not a preposition being out of place, not an interjection wanting; to catch and preserve the animated words of a debate, or to take the testimony of an excessively rapid witness in court, it is absolutely essential that the hearing of the stenographer should be very acute.

A Contribution to the Etiology of Eczema.

By DR. D. LIEBERTHAL, Chicago, Ill., Professor of Dermatology, Jenner Medical College: Attending Dermatologist, Michael Reese Hospital Dispensary.

The time has passed when a patient afflicted with a skin disease receives, on short notice, a certain number of prescriptions for local application, and sometimes some so-called blood medicine. In affections of the skin, as in those of other organs, we must search for the etiology if the treatment is to be of any avail. Especially is this true of inflammatory conditions, where no external causative agent can be found, and this chiefly in cases of eczema.

The following case will illustrate how

difficult it is, sometimes even after thorough examination, to discover the true cause:

A. D., 42 years old, a merchant of Michigan, consulted me in May, 1898. Upon local examination I found the skin of the wrists and ankles in an eczematous condition, with redness, papules and vesicles practically burst, and discharging serum. Distributed here and there over these regions was slight pigmentation, which indicated a longer continued condition. Upon inquiry the patient gave me the following history: Since the winter of 1894 he has been troubled with this condition, with slight improvement at times until the present. He had never had any digestive trouble nor other illness. He had had a dermoid cyst removed from the right supra-orbital region. His parents and grandparents reached an old age, and there was and is no neuropathic predisposition in any of his family. He had no venereal disease and is the father of three healthy children. He is not a drinker, did not smoke at that time and kept regular hours. As before stated, his chronic eczema continued for over three years. After the correctness of his eyesight was ascertained I subjected him to a strict examination. The lungs, heart, liver and spleen revealed no abnormality. Nervous system showed no aberration from the normal. Urine examination made at three different times, at intervals of five days, revealed the following condition:

Daily quantity about 1800 c. c.

Specific gravity, 1026.

Color, clear, dark yellow.

Reaction, acid.

Acetone, absent.

Sugar, absent.

Albumin, absent.

Indican, absent.

Uric acid increased.

Urea normal.

Microscope revealed nothing.

Considering that his eczema was present in winter as well as in summer, and that he wore undyed socks and comfortable shoes, external causes can be excluded, and I considered I had found the cause in the increased amount of uric acid. He was therefore confined to a strictly antilithic diet.

The uric acid disappeared gradually from the urine, which was tested every five days, until in three weeks the specific gravity reached 1014. But the eczematous condition still existed, notwithstanding the

diminution of uric acid and the most considerate local treatment. Although not benefited in the least, the patient had the utmost confidence in me, in consideration of the elaborate care I had taken. Leaving my office in his company, I was about to light a cigarette, when he observed that he used to smoke cigarettes, too, but on the remonstrance of his wife he gave it up. I asked him when he stopped, and he replied, a short time before this trouble came on. Thinking that this change of habit might have had something to do with his eczema I advised him to start again, and he did. In a few weeks he noticed an improvement, which continued until the eczema entirely disappeared. He kept me informed after leaving Chicago, and now, nearly seven months since, he is entirely free from it.

I consider that by smoking cigarettes only a slight amount of nicotine, if any, is absorbed, and that rather by inhalation of the smoke the pyridine and pyroidine bases it contains may enter the system, to which substances the system may have become accustomed, and that by discontinuance of smoking, abstinence symptoms, referable to the skin, might have been produced, as symptoms are produced by abstinence from morphine or other drug habits. Although thousands of people have given up smoking without experiencing any discomfort afterward. I cannot avoid feeling justified in ascribing the etiology of the eczema in this patient to the breaking off of his previously established habit.

103 State street.

Non-Operative Treatment of Rectal Diseases.

By J. M. AULD, M. D., Chicago, Prof. of Rectal Surgery, Chicago Clinical School; Prof. of Rectal Diseases, Harvey Medical College; Attend. Gynecologist and Rectal Surgeon, Chicago Baptist Hospital.

Lecture delivered to the class at the Chicago Clinical School.)

Gentlemen:

I have been describing and showing you the operative methods for treatment of the various diseases of the rectum, viz., hemorrhoids, fistula, ulcers, fissures and constipation habits. These have all been in the line of surgery and require a definite preparation of the patient, a methodical and appropriate operative procedure, with a special amount of care afterward in order that we may get the very best results after

the violent treatment that has been given. The patient is compelled to remain in bed for a specified time, say two weeks, for the reason that we have a wound to heal and a congested tissue to be rested. In these descriptions and the points which I have given you I have tried to emphasize many things that may seem trivial in themselves, yet they are important in making up the results, good or bad, as they are adhered to or neglected. I have given you the best methods of operation for these diseases and have as carefully given you my reasons for them.

I have also made suggestions for the purpose of impressing upon you the fact that there is a non-operative treatment by which you can cure the diseases of the rectum. I cannot blame the ordinary patient for objecting to the operative treatment, and, on account of the fear connected with submitting to it, delay the work that should be attended to. Even physicians have consulted me in regard to their troubles, but upon mentioning an operation, by which they might receive instant relief, they are unwilling to submit to that means for relief. It is certainly the most rapid and the most radical method, but it is oftentimes difficult to persuade a patient to be anesthetized, and delay is very serious at times.

At this time I wish to impress upon you more definitely the fact that there is a non-operative treatment which has been used for a number of years. In fact, I have used this method for fifteen years, and have several suggestions in the line of examination and treatment which I desire to make to you. I cannot instruct you fully, even if I were to have all the clinics I could handle, inasmuch as it is necessary for you to have a personal experience for yourselves. What I can do is to give you some of the principal points in the examination and treatment.

I have instruments here which are not my own invention, but I believe I have improved upon some of them. Certainly with the armamentarium that we now have, the lower inch can be seen, and as well for several inches above, which is something that cannot be done with the old bi-valve, and cannot be determined by the "educated" finger.

Now, having instruments that are adapted to the examinations, accurate diagnoses can be made without pain to the pa-

tient. There is no class of cases that you will find so grateful, and at the same time none which will require so much care in handling, as will those of rectal diseases.

Use as much care as possible, and you will be able to make the examination without pain or irritation. Do not introduce the finger or speculum into an inflamed rectum. Assure the patient that you will not hurt him, and then keep your word in making the examination. First, get the patient in a comfortable position, on a suitable table, on the left side, and then have the table high enough so that you can sit down to examine him. Above all, have a good light. If you wish to see high up have a reflected light, using a mirror, as it is necessary to use both hands in the manipulation of the instruments. Use small instruments and introduce a lubricant, by means of a small hard rubber syringe, and then have the speculum warm. Have a "slide speculum," such as I show you, and, after oiling, place it at the anus and introduce it in the axis, first toward the pubis, then upward and backward, pressing gently and constantly until it passes into the rectum. After this is done withdraw the slide gradually, watching carefully the mucous membrane, noting whether or not ulcers or pile tumors are present, and, as you get nearer the muscles, whether or not a fissure.

Have all your instruments within reach and ready for use, as you cannot leave the patient to get them. After looking carefully over this field withdraw the speculum and introduce with the slide toward another field, going around the entire circumference of the rectum, if you think a prolonged examination will not irritate. If tender examine only the two lateral surfaces, as that is the most common field for hemorrhoids. If you suspect ulcers examine the posterior surface, as that is the most common field for ulcers. If you suspect fissures you need not introduce a speculum at all until the congestion is relieved and the soreness gone, as you can see and treat those without the instrumental examination.

There is no greater field for work than in the non-operative one. I advocate this means of treatment, as you can cure the patient without an anesthetic, without pain and without interfering with his usual duties. In treating your patient with this method have it systematized, and, with the

remedies I will give you, I am sure that with proper application to the case relief will come at once.

I have a method by which I give the patient a part of the responsibility. I give the patient remedies which may be used at home. Have them supply themselves with a four-ounce hard rubber syringe with a laving tube. Have them used as bedtime, as they will thus relieve the pain and tenderness of the inflamed membrane. They are helping you by helping themselves. But they cannot get well by any self-treatment. Have them come for treatment once or twice a week. If it is hemorrhoids you cannot treat them oftener than once in two weeks by the injection, but there may be an ulcer associated therewith which will need a treatment oftener, or a fissure, requiring a treatment two or three times a week. The remedies formerly used have been too strong and painful in their effects. Take more time, be more gentle in your application, in order not to irritate the case more than you benefit it.

Many conditions exist in the diseases of the rectum. I have patients coming with such statements as these: "bleeding piles, blind piles, a heavy sensation when the bowels are emptied, as if some foreign substance remained (these may be symptoms from hemorrhoids or fissures), diarrhea in the morning when first arising, mucous discharges with or without diarrhea, with moisture or itching" (this indicates ulcer of the rectum or fistula in ano).

Then we may have a vast train of symptoms of reflex origin, viz., pain in the back with gastro-intestinal indigestion, muscular spasms and many such disturbances due to rectal or pelvic irritations. This is why a rectal specialist should be as well a pelvic specialist and an abdominal specialist, for the diseases are so closely connected and so often associated that the one must not be ignored for the other.

Many patients come complaining of trouble that is seemingly foreign to rectal or pelvic troubles, and not having soreness or pain locally, one might suspect a rectal pathology being present in the case; with all that, internal hemorrhoids do not need to prolapse or become inflamed to produce reflex irritation, for, remember, they occupy the field of the sympathetic nerve supply and you can relieve these symptoms by removing the irritant which is subconscious.

100 State street.

THE MEDICAL LIBRARY.

Hirst's Obstetrics.

By Barton Cook Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Octavo volume of 846 pages, with 653 illustrations. Published by W. B. Saunders, Philadelphia. For sale by W. T. Keener, Chicago. Price, cloth, \$5.00; sheep or half morocco, \$6.00 net.

The arrangement of the discussion is similar to that followed by most of the recent writers on the subject; indeed, it would be difficult as well as unadvisable to attempt to lay down any other than the very natural one of pregnancy, normal and pathological, the physiology and management of labor, the mechanism of labor, the pathology of labor, pathology of the puerperium, obstetric operations, closing with a section devoted to the new-born infant. At this point we offer the suggestion that a chapter relating to the care of the new-born infant would not only be not out of place, but very appropriate and quite in range with the recognized limits of the subject of obstetrics.

The illustrations in the work are first class, many of them being half-tone productions from original photographs and drawings. As we have repeatedly said before, however, there cannot be too many of these admirable helps to the student or busy practitioner.

The chapters on Diseases of the Fetus, and that on Diagnosis of Pregnancy, are of especial interest, and contain the latest ideas relative to these important points. The author's arrangement and discussion of the subject of Pathology of Labor is the most methodical and scientific we have ever seen in a text-book. The chapter on the Forceps is especially well illustrated and adds very materially to the practical value of the book. The volume is completed with a comprehensive and carefully arranged index of forty-six pages.

Practical Urinalysis and Urinary Diagnosis.

A manual for the use of physicians, surgeons and students. By Charles W. Purdy, M. D., LL.D. (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Fourth revised edition, with nu-

merous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 365 pages, bound in extra cloth, \$2.50 net. The F. A. Davis Company, publishers, Lakeside building, Chicago, Ill.

That any medical work should pass beyond the first edition is no longer a surprise to the profession, but when a volume on a subject so practical as the above should pass into the fourth edition in the brief space of three years it argues much for the value of the book, for the American medical profession is an exacting critic and will not approve an undeserving effort to that extent.

Part I of the volume is devoted to the discussion of the Analysis of Urine. In the first pages is given a very exhaustive and detailed description of the composition of normal urine. This is followed by its natural corollary, the composition of abnormal urine, including a chapter on each of the following heads: Proteids, Carbohydrates, Urinary Sediments, Chemical Sediments, Anatomical Sediments, Gravel and Calculus.

In all of these chapters there is evident an exactness and detail which is a desideratum in a text-book for the modern medical student, as well as for the physician who is keeping abreast of recent progress in diagnosis. The tables given in these chapters are especially practical and valuable to the student, old or young.

In Part II—Urinary Diagnosis—is included Diseases of the Urinary Organs and Urinary Disorders, as well as the Urine in Other Diseases.

In the discussion of Anatomical Relations, and also Physical Examination, there is much to commend; only this to criticise: the author has evidently overlooked the recent work of Harris, who perfected the instrument for the purpose of securing the secretion of either kidney without a mixing of the secretion of the other. The illustrations used in the volume are excellent, almost without exception, many of these being finely colored plates of unusual exactness. There is, fortunately, a liberal supply of these, although still more in Part II of the book would have been an improvement.

In this portion of the book it certainly would have been an improvement if there had been more illustrations of the microscopical findings in the conditions dis-

cussed; there are, however, a goodly number of the more important ones. The chapter on renal tuberculosis is one of especial value, and is itself worth the price of the volume to any practitioner of medicine. So, also, is the chapter on the Urine in Other Diseases.

The volume is completed with an appendix on the Examination of the Urine in Life Insurance, which is one of the best treatments of this most important matter it has ever been our pleasure to read. Medical directors of insurance companies could not bring the matter there given to the attention of their examiners in a more practical or better way than is done in this chapter.

A Primer of Psychology and Mental Disease.

For use in training schools for attendants and nurses, and in medical classes. By C. B. Burr, M. D., Flint, Mich.; Member of the American Medico-Psychological Association, etc. Second edition, thoroughly revised; 5½x7¾ inches. Pages ix-116. Extra cloth, \$1.00 net. The F. A. Davis Company, publishers, 9 Lakeside building, Chicago, Ill.

The author of this little work intends it as a help to a subject which is admittedly an obscure one to most students, unless they be among the few who are especially interested in the same. Consequently any successful attempt to simplify the subject should be a welcome help to the student.

Of course it is not expected that in this volume we will find any extended discussion of psychology, but enough of the first principles are given, along with important definitions, to give one who has never had more than the necessary preliminary education, a very intelligent idea of the very intimate relation which psychology bears to mental disease.

We are of the opinion that the next edition of the book will be much enlarged and feel assured that a more extensive treatment in the same way would find very general appreciation.

History of Prostitution.

By Dr. W. W. Sanger of New York; 8vo volume of over 700 pages. Published by the Medical Publishing Company of New York. Price \$4.00.

The work is the most extensive one yet

issued on this subject. The author deals with his subject in historical and geographical subdivisions. In this large volume he has collected a most exhaustive array of facts pertaining to an evil which he maintains is coexistent with humanity. And while it must be admitted that prostitution is ostensibly a crime, yet it flourishes under the protection of practical license.

The province of Dr. Sanger's work belongs clearly in the field of medico-criminology, and the author endeavors to constantly, in his historical array of facts, bring out the necessity of some counteracting influence. Without the color of indelicacy he has presented the results of his extensive investigations, and to that one who is at all interested in this particular phase of social economy, as a humanitarian or as a scientist, the work is certainly valuable on account of its historic interest and the collation of reliable data on the subject.

The Remembrance of Wilhelm Meyer.

On the 25th of October there was unveiled at Copenhagen, in the presence of many noted persons, a statue of Wilhelm Meyer, the great Danish physician, whose name will ever be connected with one of the most important discoveries in medicine.

The simple act of exploring the upper pharynx with nature's probe enabled the Dane to find a pathologic condition easily removed, but if not removed capable of producing frightful results.

That the medical profession is often headstrong in adopting worthless procedures, while often slow to accept actual benefits, is evidenced by the history of the adenoid operation. It was in 1867 that Meyer made his discovery; yet when he visited London in 1881, most of his audience, although composed of specialists, were ignorant of his operation. But, as Sir Felix Semon (who unveiled the monument) said: "Truth, though slowly, ever forces its onward way, and when Meyer, three years ago, closed his eyes, he had the satisfaction of knowing that the value of his discovery had at last been universally recognized." In the last decade no operation has given such favorable and satisfactory results. All honor, then, to the great Dane who discovered and made known the existence of adenoid growths.—Tri-State Med. J.

THE CHICAGO CLINICAL SCHOOL.

The following operations were performed in the West Side Hospital, during the month of November, the students in attendance at the Chicago Clinical School being present. Compiled by Senior Interne Dr. Bebb:

Pyosalpinx—Laparotomy (3).
 Hydrosalpinx—Laparotomy.
 Ovarian Cyst—Twisted Pedicle—
 Laparotomy.
 Perineorrhaphy—
 Trachelorrhaphy and Curettement (3).
 Perineorrhaphy and Post-colporrhaphy—
 Curettement.
 Nasal Polypi—Removal (2).
 Inguinal Hernia—Bassini's Operation.
 Carcinoma of Ascending Colon—
 Resection of Bowel.
 Cholelithiasis—Cholecystostomy.
 Supra-pubic Cystostomy (2).
 Hemorrhoids—Cauterization (4).
 Abscess of Middle Ear—
 Paracentesis of Tympanum.
 Polypus of Rectum—Excision.
 Varicose Veins—
 Excision of Int. Saphenous Vein.
 Deflected Septum and Exostoses—
 Removal and Correction (4).
 Tubercular Glands of Neck—Excision (2).
 Osteo-myelitis—Curettement.
 Dislocated Shoulder (old)—
 Incision and Reduction.
 Fracture of Nose—Correction.
 Polypi and Spur of Nose—Excision.
 Laryngeal Papilloma—Removal.
 Gunshot Wound of Head, Subsequent
 Epilepsy—Removal of Bullet.
 Adenoids—Removal (9).
 Cataract—Extraction (3).
 Mastoiditis—
 Tympano-mastoid Operation (3).
 Strictures—Ext. and Int. Urethrotomy.
 Neuroma—Excision.
 Cicatrized Ulcer of Nose—
 Plastic Operation from the Arm.

Anatomy and Operative Surgery on the Cadaver.

The Clinical School has, since its organization, ever evidenced not only a willingness, but a determination to furnish for its students the best and most numerous advantages, both general and special. Among the recent improvements and additions made is the establishment of a special course as above indicated. These courses are conducted under the personal direction of Professors F. R. Sherwood and W. T. Eckley. Special work on any

line desired may be obtained, as eye, ear, nose and throat, gynecology, abdominal surgery, etc., etc.

The following course will cover the needs of most of those who may contemplate work of this kind:

a. Dissection by the student, under the personal direction of Prof. Eckley.

b. Operative surgery by the student, under the personal direction of Prof. Sherwood.

The course offers the following advantages:

a. Classes limited to four members.

b. Each class has the exclusive use of two full subjects; one for dissection, the other for operative surgery.

c. Special attention is given to the regional dissection of surgical areas; dissections are made on one of the subjects one night, and, with the anatomy fresh in mind, operative surgery is done on the same surgical area on the other cadaver the next night.

d. The anatomical course includes the dissection of the entire body.

1. Head and neck.

2. Axillary space.

3. Joints.

4. Inguinal.

5. Femoral.

6. Thoracic.

7. Abdominal.

8. Pelvic regions.

e. The operative course will include:

1. Ligation of the important arteries in continuity.

2. Amputations, exarticulations and resections.

3. Trephining for cerebral localization; ligation of middle meningeal; mastoid operation; removal of Gasserian ganglion.

4. Operations upon the thorax, tracheotomy, etc.

5. Operations upon the abdomen and pelvis; special attention is given to the different operations for hernia, varicocele, hemorrhoids, intestinal anastomosis, appendicitis, gastro-enterostomy, supra-pubic cystostomy, etc.

6. Gynecological and genito-urinary operations.

7. Aside from the above any operation that may be desired by the class will be demonstrated.

This course being given entirely in the evening, it does not in any way conflict with the other work of the class in the general course. It takes up four full evenings of each week; can be taken up at any time and finished in thirty days.

The Chicago Clinic.

**A HIGH-GRADE MONTHLY PERIODICAL DEVOTED
TO THE BEST INTERESTS OF THE
MEDICAL PROFESSION.**

J. HOMER COULTER, M. D., Editor.

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All matter pertaining to the editorial department should be addressed to DR. J. HOMER COULTER, 103 State St., Chicago.

EDITORIAL AND BUSINESS OFFICES:
1007 Columbus Bldg., Chicago.

JOHN B. HAMILTON.

The genial, affable, popular, intellectual John B. Hamilton will be with us in person no more. As we go to press we learn that he breathed his last at Elgin, his home, on December 24. As doubtless many of our readers know, he had for some days been suffering from an attack of typhoid fever, which seemed to be running the usual course, when suddenly symptoms of perforation and peritonitis developed. Dr. Senn and other friends saw him and determined that an operation for resection of the perforated ulcer was the only hope for their friend and patient; this was done, and for three days they had reason to strongly hope for an ultimate recovery. A hemorrhage, however, set in and the patient gradually sank until the end came.

It can truthfully be said that there are indeed few men, if, indeed, a single man, in the American medical profession to-day who would leave a larger gap by his taking away. Especially in the American Medical

Association will his absence be felt. Being editor of the "Journal," he was personally acquainted with all those who were at all regular in attendance upon its meetings. His previous association with the Marine Hospital service, of which he was practically the father, as well as other public positions of trust and honor, gave him a still wider acquaintance with public men. His popularity was as wide as was his acquaintance.

Whether as secretary of the State Medical Society, as superintendent of the Northern Hospital for the Insane, as editor of the "Journal," or as the head of the Marine Hospital service, he served with a faithfulness seldom found.

His capacity for work was remarkable, never seeming to realize that it had a limit. His rare executive ability was acknowledged by all. His versatility and intellectual capacity gave him a merited prominence in the many medical societies with which he was connected.

The profession of medicine and the body politic have lost a strong man and a good man, and he has left the world the better for his having lived in it.

ADVERTISING METHODS.

Some of the recent souvenirs sent out by the specialty proprietors are worth more than a passing notice, either because of their uniqueness, artistic merit or intrinsic value. Among them we may be permitted to mention two or three examples of the art of appropriate advertising. Antikamnia has, as usual, sent to all physicians their certainly unique skeleton sketches by Crusius. These we had almost feared would be missed this year, because of the sad death during the year of their gifted author. It seems, how-

ever, that Antikamnia was awake sufficiently to recognize a good thing in the advertising line, and to lay in a supply against just such a contingency. We trust the same foresight will have provided another one for the year 1900. It certainly would be appreciated by the profession.

Another attractive calendar is that issued by the McArthur Hypophosphite Company. This is printed in various shades of brown, red and purple, with embossing of white and light brown, the whole representing one of the most artistic samples of the printer's art we have ever seen.

The little brochure sent out by the Palsade Manufacturing Company, being a few pages abstracted from an ancient work on surgery by Paré, is a most interesting and instructive pamphlet, all the more valuable as a souvenir because it is not marred by the glaring advertisement of Hemaboloids. The faded and time stained pages are reproduced in their antique and interesting typography and illustration. To anyone interested in the history of medicine (and who is not who devotes his life to it?), this will certainly prove a welcome compliment. Others of equal worth or interest might be noticed, but space forbids.

A friend, speaking of one of the above recently, said: "It begins to smack too much of the nostrum vendor to suit me; it is placing the profession on a purely mercantile basis; would not the same amount spent on high-class medical journal advertising give them as good returns, and give them a better standing in the minds of most of the profession?" To the first part of his proposition we must assent, but we had to maintain that facts hardly seemed to warrant the latter, or such firms as those above mentioned would not follow the practice they

do. Nor can we believe that these admittedly ulterior methods of advertising to the profession would be practiced if the physicians would subscribe for and read only those journals which persistently maintain their end of professional dignity by refusing to subvert their pages to the advertising of any remedy or specialty which is not established and reliable, and if, when readers are in correspondence with such firms, they would kindly mention the publication it would be easily and early demonstrated that such souvenirs, while elegant, interesting or instructive, would be unnecessary in order to secure the proportionate amount of legitimate business.

TWO RULES OF HEALTH FOR GIRLS.

(1) "Calisthenics may be genteel, and romping very ungenteel, but one is the shadow, and the other the substance, of healthful exercise."

(2) "Girls need health as much—nay, more than boys. They can only obtain it as boys do, by running, tumbling—by all sorts of innocent vagrancy. At least once a day, girls should have their halters taken off, the bars let down, and be turned loose like young colts."

The above rules are credited to Dr. Frank H. Hamilton of Bellevue Hospital Medical College, by the "Medical News."

They contain so much truth that we reproduce them for the benefit of our readers.

Medical men so often notice the one big healthy romp among a family of girls, and wonder why nature should have done so much more for her than her pale, genteel sisters.

The mother—a refined woman—is often shocked at the fun-loving daughter, and is

apt to apologize for her "waywardness." She little dreams that this rosy-cheeked girl will grow up into the most perfect womanhood and will possess a strong moral character, because she has a healthy body. The moral nature is more secure in a healthy body. She has a "sano mens in sana corpore." F. S. T.

MEDICAL ADVERTISERS.

By the above caption we refer to those firms and institutions who advertise in the medical journals.

These may, for convenience of discussion, be divided into those who are in every way reliable and who advertise only to the medical profession, and, secondly, those who advertise in these journals from a purely business motive.

There are journals who enjoy a patronage of well-filled advertising pages, to which they can refer their readers with perfect confidence, feeling that each and all of their advertisers are ethical and reliable. To attain such satisfaction, however, requires years of careful business management, and a consequent establishment of mutual confidence between advertiser, editor and reader. Such, however, being once obtained, not only does the management become much less arduous, but the journal then becomes a valuable medium to the advertiser, as well as a trusted guide to the reader. It is "no giving-away of trade secrets" to say that in the case of two or three of the most freely patronized American journals there is a very considerable proportion of the advertisers who are the most flagrant quacks, and unhesitatingly flaunt the fact that they are constantly and unalterably opposed to all medical ethics.

Now, the business manager who will go

after, or even accept, such advertisements is no better at heart than the patron of his pseudo-valuable space.

If those firms who are ethical would more carefully consider the matter, even from a business standpoint, I venture the assertion that they would agree that their advertisement appearing opposite some I might mention, which pay a good price for space in certain western representatives of the medical press, does them eventually as much harm by the honest comparison of companionship, as the circulation does them good.

If such firms as pretend to follow legitimate and ethical means in the practice would for one year patronize only those medical journals which adhere as strictly to those principles of honor and reliability suggested above, the whole question of the character of advertisements would be settled. No business manager would be suicidal enough to accept one of these questionable ones at double list prices. C.

PRESCRIPTION RECORD.

Do you keep a record of your prescriptions? If you do, you certainly have had reason to appreciate the advantage it frequently affords; and if you do not do so, two months' experience will show you that the slight trouble it is at the time is far more than equaled by the satisfaction in the positive knowledge of exactly what you gave previously. A piece of carbon impression paper, the size of your blank, is all that is necessary. Then, with the precaution to always write the name of your patient, and the date, on the prescription, you have a most valuable record for preservation.

ABSTRACT.**Conservative Gynecology.**

Dr. Henry P. Newman, professor of gynecology in the Chicago Clinical School, in a paper lately published, remarks that we are coming to a period of transition in the practice of surgical studies on the cure and prevention. Preventive medicine, hygiene, sanitation and sociology are now popular themes for medical societies. Philanthropy has taken the cue from medicine and is attempting to form a citizen rather than reform him. I wish to emphasize the fact that we are not dealing with the cold science side of our art, but with the highest of human interests. The amount of ignorance in the average woman of nature's requirements is appalling. Woman's sphere has lately widened until now it is as wide as man's. Has she equipped herself for this race intelligently? Look at the average woman in the cities; the average stenographer, saleswoman, the business woman; do they not daily outrage their bodies by compliance with the dictates of fashion in food, dress and habits? The tendency of gynecologists to enter surgery is to be deprecated. It narrows his opportunities. He had better stay attached to obstetrics and pediatrics. A woman's generative organs should not be doomed because she has needed to visit the gynecologist. A good diagnostician must know as much about women as about disease; as much about environment and social and domestic relations as about pelvic lesions. As specialists we must recognize and exercise the important interests in a medical science which will prevent rather than cure a disease. As we know what can be acquired may be prevented, hence we as specialists should lead in the reform of those conditions which are detrimental to the health of woman.

Legal Medicine.

Dr. D. A. Blair, in the "Peoria Medical Journal," has a well-written and practical article on this subject from which we abstract as follows: First we will notice the question of insanity. In the examination of a suspected lunatic, the following points should be particularly noted:

As to whether there are any pathological conditions in the functions of circulation,

respiration, digestion, nutrition, secretion or generation.

Further, is the function of motion normal, such as walking, writing and articulation of speech?

Is there any history of spasms, convulsions, epileptic or cataleptic fits?

Has paralysis ever exhibited itself, either partial or complete, local or general, hemiplegic or paraplegic? Are the special senses normal? What are the conditions of the perceptions as to objects being correctly identified?

To what state of perfection has the objective mind been developed, and what has been the educational advantages of the individual in mechanical learning as well as in books?

Does he still retain the ability to apply this knowledge to everyday affairs?

Is his recollection good, from association of ideas?

What acquired cravings has the patient, and to what extent are they indulged?

What is the patient's past history in regard to this?

Are the patient's emotions of approval or disapproval such as would naturally result from his or her habits, customs or experience?

How do these habits correspond with those of his or her former life?

What is the condition of the faculties of communicating by writing or speaking?

In what condition is the patient's will or power of choice? Does his or her conduct differ from that of former times; if so, in what way?

What insane act has he done and what motives has he alleged for those acts? Are these motives such as would have influenced him had he been in a normal condition? Were the acts trivial and harmless or of a criminal nature? Does the person confess to periods of unconsciousness?

Are there any illusions, hallucinations or other aberrations of perceptions?

Does the patient complain of such symptoms as dizziness, vertigo, fits, spasms, formications, or sensations of confusion, flashes of heat, cold, noises in the ear, etc.?

Are there any delusions present? Are the symptoms of insanity continuous or periodic? What is the family history, immediate, collateral and atavistic?

After having made the above examination carefully, note what symptoms if pres-

ent would lead us to infer an unsound condition of the mind. If there is abnormal conduct or language, depreciation of general health, insomnia, somnambulism or somnolence? Or if delirium, hallucinations, illusions, mania, melancholia, imperative conceptions are present, together with loss or impairment of one or more of the normal faculties of the objective mind with increased activity of the subjective mind; carelessness in dress, laxity of morals, impatience of ordinary restraint, together with symptoms of brain disease other than mental, such as chorea, convulsions, paralysis or disturbances of sensations and the special senses, periods of unconsciousness associated with great mental change from ordinary conduct and character of the individual. I say if we find these symptoms present we will not be far from right in saying the individual is insane. Of course we are aware that many of these symptoms are simulated, but if the patient is watched closely the simulation will be detected.

Let us see what legal points are to be determined by our testimony. Is the person insane? With what form of insanity is he afflicted? How does it manifest itself? Does it affect his moral or criminal responsibility? Does the public safety require his confinement? Does it destroy his testamentary capacity? Has the person sufficient mind to manage his own property? Has the person capacity to enter into legal contracts? Is the insanity continuous or are there lucid intervals? Is it transient, or liable to continue an indefinite period? Is it curable; if so, what treatment is best?

So you see we have no light responsibility resting upon us when we have to determine whether this man shall be deprived of life, liberty or the control of his property.

Contagium and Infection.

Contagium is one thing, infection is another. Contagium is a substance that may be scattered as grain or fertilizer and carried on your clothing, hair, whiskers, etc., as dust, smear, daubs, stains, etc. It is seldom carried intentionally or by the fearful ones, but by the don't-care, ignorant, fearless ones. Whole families frequently have diphtheria or scarlatina without ever calling a physician. Their fearless neighbors all run there, visit, eat and sleep together. Some child has it more severely, and a

physician is called, then all the neighbors begin to hoot and say, "Oh, our children had the same thing; we did not have a doctor; ours all got well and they went where they pleased; we are not afraid of a little scarlet rash or cankered sort throat; the doctor shouldn't quarantine us, etc." Such fearless, don't-care sort of people as this are the sowers of the seed of disease and they sow broadcast. They do not do it intentionally, but ignorantly, and with a sort of under-the-gallows whistle. Every family in which there is a sore throat or eruptive fever should be compelled, under penalty, to immediately call their family physician or health officer for the purpose of diagnosis and thus at once put an end to the seed-sowing so far as that family was concerned. Infection is a poison which may be eaten, drank or breathed in. It cannot be sown broadcast so effectively as contagium. It is suspended in fluids, as in water, milk, air, sewer gas, etc., and may be transmitted through the breath. Health officers, the city and county authorities are more than anyone else responsible for the dissemination of infection. It is their duty to look after the water supply, the proper drainage of the city, night soil, the milk, and to some extent the habits and customs of the people, and not only the people, but they should take into consideration the people's very dear friends, the little yaller-black-and-tan, deer-blue brindle, pug-nosed, bird-dog, bull-pup and Holstein-bred feline, maltese mouser, that often gets poisoned on what the rats refuse of the rough-on-rats. If you will quarantine these four-legged animals and compel the fearless two-legged animals to report at once all sore throats and eruptive fevers showing up in their families, a big stride toward the extermination of such disease will at once be effected right here in our midst.—Editorial, *Albert Lea Med. Jour.*

About Midwifery.

Our friend, Dr. Hawkins, of the "*Albert Lea Medical Journal*," has drawn such a vivid pen picture in this brief sketch that we appropriate a large part of it for the pleasure of our readers.

From the beginning of the human race to the present time, childbirth has characterized every age and race, and more or less accouching and nursing have been the

custom. Before the dawn of the day dating the beginning of antiseptics, women midwives, especially in the rural districts, were and are yet frequently called upon to exercise this important function. We have at hand no data that would enlighten us as to the per cent. of mortality or puerperal conditions attendant upon the accouchements of those days, but if my memory, which dates back in a medical sense to about the beginning of antiseptic surgery, etc., serves me correctly, there were but few deaths resulting from the confinements of those days. In those days not infrequently the most ordinary kind of soap and lubricating agents were used about the hands of the attendant, as well as upon the more delicate untouched skin of the newly born infant, and it is simply marvelous to contemplate the rapidity with which those mothers recovered. In this day and time things are markedly different. The parturient is coached and advised from the time of conception till the accouchement and from the accouchement until far advanced in convalescence. Trained nurses are now quite common and their services may be secured at any time, especially in the larger cities. With this advantage, coupled with antiseptics and an up-to-date obstetrician, the self-denial attendant on childbearing, especially among those able to take advantage of these modern, and, to some extent, scientific blessings, is no longer looked upon with humiliating dread and the confusion characterizing insufficient help, but with happy thoughts anticipate the day that unto them a son or daughter shall be born. The faithful trained nurse and the family physician are to be there and will go in sympathy with the patient through the darkest of the night; the ever returning lancinating pains are to be ameliorated with the pain-conquering fumes of chloroform, and the whole affair is to be made one of rejoicing rather than one of mourning and anxiety. But in the country to this day, my friends, trained nurses are not to be picked up on every our corners; modernly constructed houses are not to be found at the end of every ten or twelve mile drive into the country; your patient is not always found nestling on pillows of down with braided hair and elegantly wrought and perfumed gowns, surrounded with servants and white capped nurses, but surrounded, rather, by a num-

ber of previous issues from one to five or six years old; your chilled hands cannot always be warmed in a great flowery bowl of china filled with foaming, steaming, sterilized soft water, but often you will be handed the dark complexioned, old and much used tin basin with a knotted string drawn through the hole in the bottom, or it may be the old milk crock; the towel handed you does not always come from a richly stowed or perfumed wardrobe, but frequently the one hanging on the "greasy" kitchen wall is handed you and this may be your only scrap of linen during the entire confinement. The beautiful china chamber set is not always glistening in the bed chamber, but often the slop pail, reeking with the filth of many days, serves as a chamber and receptacle for everything except the baby; no eiderdown blankets are spread before you in which to fold the newcomer, but he is placed in a fragment of an old shawl or part of an old skirt and passed over to the neighboring woman, who, in less time than it takes to skin a young rabbit, washes him with soap, dresses and passes him around among the company before you have secured the already expelled placenta. No douch pans are here, no syringes are here, no bathtubs are here, no private rooms are here; all eat, cook, sleep and labor in the selfsame room. Young man, be prepared; you will have work in both classes; you must know how to practice antiseptic midwifery, how to irrigate the vagina and uterus if need be. This is fashionable, comfortable, and, if done right, healthful; but you must not conclude that every woman who is not thus treated will die or even have an untoward symptom. More, should your success and skill be fraught with better results where syringes and douch pans are not known and where all wash from the same basin and dry on the same towel, do not be alarmed. Wonderful things happen in midwifery as well as in surgery and general practice.

Nasal Stenosis; Its Effect on the Ear.

Dr. Randall, in an article in the "Philadelphia Polyclinic," calls attention to the disastrous effect of nasal stenosis on the ear. There may be much discomfort and impaired hearing without either the occurrence of any congestion or abnormality of the drumhead or the obstruction of the

tube-mouths by secretion or audition. The tube may be easily open to Valsalva or Politz inflation, but even after the use of these agents the discomfort is quick to return. The aural symptoms are due to an increase of the air pressure on the exterior of the drumhead, and a corresponding rarefaction on its interior surface. This is brought about by a continual performance of Toynbee's experiment, i. e., it has the same effect upon the Eustachian tube as does swallowing when the nostrils are closed by the fingers. It is the exact opposite of Valsalva's experiment, and results in emptying the tympanum of much of its contained air. Thus, whenever the nose is closed entirely, from any cause, each act of swallowing produces a partial vacuum in the tympanum, followed by retraction of the drum membrane and uncomfortable sensation of having the ears "stopped up." The sniffing sensation so commonly seen in acute coryza is another fruitful cause of the same condition. The writer says that while the practical indications for treatment are rather obvious, the use of cocaine, which is too likely to be relied upon, may prove unsatisfactory because of the secondary relaxation of the vessels following its use. He suggests the sponging of the nasal cavity with some solution, such as that of menthol and camphor, and insufflation of a small amount of calomel over the naso-mucal surface. This treatment he has found very satisfactory.

How To Wash the Hands.

Dr. H. T. Byford, Professor of Gynecology in the Chicago Clinical School, gives the following very practical resumé of his methods of antisepsis of the hands:

The average American surgeon is a good surgeon. He can hold his own with the surgeons of any nation. Yet I am sorry to say that he has one vulnerable point in his scientific armor, one broken leg on his chair, one foul place in his skin. The average surgeon knows how to operate well, but he does not know how to wash the hands! I am not, however, desirous, by saying this, to convey the impression that the average European surgeon does know how to wash his hands—far be it from me to make such an inference at this time. But I have seen many surgeons in this country wash their hands and have not seen half a dozen wash their hands well. In Europe I

have never seen them (properly) wash their hands at all. I do not even think that I wash my own hands well, but hope, as science advances, that I may some day learn how to do so. However, as the method I employ at the Woman's Hospital of Chicago is apparently more thorough than that of anyone I have seen used, I describe it, hoping that some unthinking surgeon may read this and some lives be saved.

I cannot better lead up to what I have to say than by expressing a few regrets:

It is to be regretted that washing for a surgical operation cannot be made as simple and satisfactory as a wash for dinner. It is to be regretted that soap will not wash off stains and mineral matter that may cover up and protect pathogenic germs. It is to be regretted that soap and water soften and penetrate the cuticle so slowly and imperfectly. It is also to be regretted that germicides do not always reach and kill the germs.

But since these regrettable facts cannot be done away with, we must, of course, arrange our method so that our deadly hands may be rendered harmless in spite of them.

The preparations of the hands should be begun before breakfast, when the finger-nails should be cut short, the hands and arms washed in warm water and the skin thoroughly moistened with equal parts of glycerine and water, or if the skin does not tolerate glycerine well, one part to four. Every time the hands are washed during the day, up to the time of the operation, they should be moistened with glycerine in the same way. This keeps the cuticle soft and renders it much more pervious to the soap and water. Where the glycerine has gone the water will penetrate and cleanse.

Just before the operation scrub the hands and arms for fully twenty (20) minutes **BY THE CLOCK** in soft soap and hot water, going over each finger-nail separately, between the fingers and vigorously over the knuckles with the fist closed. This washing will remove much grease and such ordinary dirt as is not covered by hardened inorganic matter.

Then rinse the hands thoroughly in clean water and wash them for a minute or two in vinegar or lemon juice, and wash this off with sterilized water. This will remove stains and inorganic matter and expose the underlying cuticle.

Then scrub for five minutes in alcohol.

with or without a little ether added to it. This will dissolve out the remaining fat and organic matter that was not reached by the soap, and, with the acid, will contract the cuticle, so as to allow of the better penetration of the antiseptic into the minute cracks and crevices of the skin.

Then scrub the finger-nails, hands, arms, etc., in a warm 1-2000 aqueous solution of corrosive mercuric chloride for five minutes. This is the weakest solution that is efficient, but as it is to be preferred to any other strength, as it will penetrate the cuticle better than stronger solution, for it does not harden it so quickly.

At least every fifteen minutes during the operation dip the hands in sterilized water to wash off the blood and debris, then dip them in the warm bichloride solution, to renew the antiseptic coating, and then dip momentarily in fresh sterilized water to remove the excess of the poison.

Everyone who assists at the operation should use the soap, vinegar, alcohol and mercuric solution, for one assistant may have handled septic inorganic matter, and may thereby have infected the cuticle with the bacillus of tetanus. I once had a person to assist me who had been doing a little work in a cellar the day before, and the patient died of tetanus. Vinegar would probably have dissolved off the inorganic matter containing the germs. Another assistant may have infected her hands with fatty or other organic matter containing germs.

This method, it seems to me, fulfills the indications fairly well, and is about as complete and complicated as ordinary practice will allow. The addition or substitution of another antiseptic is hardly desirable, according to our present knowledge and experience, for the mercuric chloride fulfills the indications. The fact that it hardens the surface, or forms an insoluble albuminate, is perhaps in its favor, since that insoluble albuminate protects the necessarily imperfectly prepared deeper portion of the skin, and the protecting albuminate can be renewed, if soaked off during the operation, by dipping the hands in the solution.—*Amer. J. of Surg. and Gynec.*

Etiology of Pernicious Anemia

Although the etiology of pernicious anemia is still obscure, the following condi-

tions have been considered to be of significance by different observers:

Long-continued disturbances of digestion, leading to chronic catarrh of the stomach and intestine, and constipation.

Pregnancy was once considered an important etiological factor, but this view is not now so strongly adhered to. By pressing on the intestines, however, a pregnant uterus may increase digestive disturbances.

Repeated small hemorrhages in persons whose constitutions are not strong lead, sooner or later, to a condition in which the blood-building organs are unable to make good the losses, and the red cells reproduced are imperfect in quality and of insufficient quantity. Therefore the marasmic conditions grow constantly worse. In the light of the best evidence at present attainable this is the correct explanation for most of the cases of pernicious anemia.

Constitutional syphilis is also an important causative factor, not on account of the action of any virus, but because of the cicatricial changes produced by it in various organs, especially in the marrow of the bones.

Conditions affecting the general health, such as poor food, bad air, too frequent pregnancies, shock, and other nervous disturbances, may help the individual into a condition of pernicious anemia.

Chronic poisoning, especially with repeated small amounts of carbon monoxid, should also be mentioned.

There are, too, cases of anemia caused by the bothriocephalus and by the ankylostoma which do not disappear with the removal of these parasites.

One ought to be on his guard against the careless habit of calling all fatal cases of anemia "pernicious" and all cases which recover "simple" anemia.

The "Medical Standard" has again changed editors. It is now under the editorial management of Dr. Geo. F. Butler. We do not know of a better man for the position than Dr. Butler; however, we do not believe that with any possible editorial talent the "Standard" can possibly attain the upper rounds unless other equally important changes are made; among these we would suggest some change in the typographical and mechanical make-up as most advisable.

ITEMS.

A Merry Christmas to all our friends, and a Happy New Year to all others.

Vermonters claim their state to be more free from tuberculosis than any other in New England.

Senator Lodge is the latest convert to golf. He is quoted as saying that the game is "positively medicinal."

Diphtheria will starve to death on fresh air and sunshine, while it will grow fat on sewer gas and dark, gloomy houses.

The uterus is not a useless organ after the ablation of the appendages, and should not be sacrificed unless seriously diseased.

In France, if a person dies with more debts than can be covered by his estate, the doctor's bill has precedence over all other claims.

The records show that up to September 1 only 84 soldiers died by yellow fever, against 515 deaths due to typhoid, 81 to malaria and 63 to dysentery.

The Italian government has decided not to modify the law in regard to outside physicians, and will allow the English physicians to remain who are already there.

The United States Supreme Court has decided that any medical practitioner, once convicted of a felony, is thereafter debarred from ever practicing his profession.

Hysteria and neurasthenia are often associated together, and when so related are difficult of division; as to just how much of the symptomatology is due to one or the other is difficult to say.

So far as the Marine Hospital Service investigation and experimentation go the use of Sanarelli's amerylic serum as a curative agent in yellow fever is by no means successful.

If the busy, hard-working physician knew one-tenth part as much as some of his laity critics think they know, he would have but little difficulty in settling many important questions in prophylactic medicine and surgery.

Never was good work done continuously without good rest. Strained organs are resentful, and this is particularly so with man's mind, for rest is the deep basis of this world's repair, and holds as good with a violet as with man's brain.

It is said that Dr. John Guiteras will resign the chair of Pathology in the University of Pennsylvania to accept the chair of Medicine in the University of Havana. Dr. Guiteras is a Cuban and a prominent member of the Cuban junta.

Inherited syphilis is one of the most fatal of all disorders affecting the human race, and under the most favorable circumstances, irrespective of abortion and miscarriage, nearly 90 per cent. of the children born living subsequently die.—Hyde.

If physicians should make as unreasonable, if not criminal, requests of their patients as some of their patients make of their physicians, society would be shocked and the pages of the criminal code might have to be somewhat augmented.—Wilcox.

Chipault and Demoulin ("Annals of Ophthalmology and Otology," October, 1895): "Wilde's incision is rarely indicated. In the majority of cases its employment is not reasonable because it does not attack the seat of the trouble, but merely relieves a symptom—pain."

Dr. F. M. Rumbold of St. Louis has resigned the secretaryship of the Western Ophthalmologic and Oto-Laryngologic Association, owing to press of military duties, and Dr. T. A. Woodruff of Chicago has been appointed to succeed him. The next meeting will be held in New Orleans, February 10 and 11, 1899.

It seems, from reports from Cuba, that Gen. Dr. Wood is being afforded every opportunity to display his ability as a sanitarian, it being reported that there are at present over five thousand cases of small-pox in one single district. These are not a recent outbreak, but simply a condition which has been running for several years without any apparent effort to stop it. Dr. Woodson has ordered a large supply of vaccine and established a hospital of considerable size and hopes by these means to soon break the epidemic in that territory.

The British government laboratory last year analyzed 1,580 samples of so-called "temperance" drinks. Of this number over one-third were found to contain more than the 2 per cent. of alcohol allowed by law. Some of the samples contained as much as 6 to 8 per cent.

At the recent meeting of the American Climatological Association the following officers were elected for 1899: President, Dr. Beverley Robinson, New York; vice-presidents, Drs. James A. Hart, Colorado Springs, R. C. Newton, Montclair, N. J.; secretary and treasurer, Dr. Guy Hinsdale, Philadelphia.

The North Central Illinois Medical Association, the program of which meeting was given in our last month's issue, held the most noted meeting in its history, on December 7, at Streator. There were many of the old members present, as well as a large number from Chicago and other medical centers.

The natural evolution of acquired syphilis in untreated cases in the adult is not in the direction of a lethal issue, but rather in the line of physical degeneration and grave complications due to involvement of the nervous system and of the bones without affecting organs essential to the continuance of life.—Hyde.

The thing who will insinuate itself into a family where you have diagnosed and are successfully treating a case and maliciously diagnose the case something else, does not deserve to be called doctor. He is a knave and an offspring of Demo, and the sooner Charon pilots his diabolical form over the river Styx into that region made aseptic by the plutonian fumes of hades, the better it will be for the human race—S. Cal. Pract.

The Chicago Medical Examiners' Association and the Chicago Medical Society recently held a joint meeting in the rooms of the latter, Dr. J. H. Stowell presiding. The subject for discussion was the "War Risk," a consideration of the dangers and diseases to which soldiers were subjected in the late war, with a view toward estimating the war risk of life insurance companies. The discussion was participated in by many of those present, among them Drs. Senn, Lydston, Cuthbertson and others.

The young doctor and his friend, the drug clerk, were sitting at the club window, when a richly dressed lady passed by.

"There goes the only woman I ever loved," remarked the young M. D.

"That so?" queried the other. "Then why don't you marry her?"

"Can't afford it," replied the doctor; "she is my best patient."

The somewhat startling announcement is made that at the next meeting of the International Medical Congress, to be held in Paris, Dr. Mandon will present, on behalf of the Emperor Menelek, of Abyssinia, a communication by that monarch on "Small-pox and Preventive Vaccination as It Has Been Practiced in Abyssinia for Two Centuries."—N. Y. Med. Times.

Talking and jesting during an operation is a good deal like whistling under the gallows and is not indulged in by our best surgeons. When an operation is commenced it should go rapidly, but cautiously and carefully, forward until completed. What is so serious and of so much consequence to the patient and friends should not serve as an occasion for light, flippant talk for physicians and nurses.

To-day, the physician avoids politics, even to the extent of laying himself open to a charge of neglecting a public duty. From the very nature of things this cannot remain so. In time the physician, through his scientific knowledge, will be the natural counselor in directing sociological reforms. And he should be doing something now to hurry this situation along.—Med. Standard.

The building of the Indiana Medical College, a department of the University of Indianapolis, was destroyed by fire November 25. The fire was caused by a defective furnace, the flames shooting up the stairway to the apartments of the two internes, Dr. Norman Shobe of Ligonier, Ind., and Dr. R. C. Morgan of Plainfield. Dr. Morgan used the fire escape from the third floor. Dr. Shobe attempted to escape by means of the stairway, but was caught between the second and third floors and perhaps fatally burned. He was rescued later by the fire escape. The loss will amount to \$40,000; insurance, \$35,000.—Herald.

Dr. Emil Mayer of New York, the chairman of the section on Laryngology and Rhinology of the American Medical Association, has already had as many applications for places on the program of the meeting to be held at Columbus, that he has been compelled to close the list now. This augurs well for a most successful session of great scientific value. Those who have not yet sent in the subject of their papers must do so before March 1 if they would maintain their place on the program.

On the arrival of the British steamer *Golconda* from Calcutta, November 19, via Mediterranean ports, for London, it was reported that there was a case of bubonic plague on board, the patient being one of the cabin passengers, an officer in the India companies' service, who was coming home on leave. The sufferer was attacked by the disease the day after the steamer left Marseilles and he was isolated.

Within thirty days the plan for building a new Mt. Sinai Hospital, New York, which has been discussed for four or five years, will be under way. About thirty architects will be invited to submit designs for a building to cost about \$800,000; the site for the new hospital cost \$400,000. The funds for the new building are to be raised entirely by subscription, \$370,000 having been subscribed within the past three weeks. Construction will be begun in four or five months, and will be ready for occupancy within two years. The capacity will be more than double that of the old hospital.

The weak point in Sandarelli's showing for the bacillus *icteroides* is found in his failure to identify this organism in more than fifty-eight per cent. of yellow fever cases observed by him. This vulnerable point, however, has been strengthened by Doctors Wasdin and Geddings in their examination of cultures from yellow fever subjects. Under the most unfavorable conditions in Havana, they have discovered in 76.93 per cent. of their cultures the bacillus *icteroides* of Sandarelli fully complying with the characteristics required for their identification. As the Sandarelli organism has now been pretty clearly demonstrated to be the cause of yellow fever, the next step to round out the discovery will be the preparation of an antitoxine for the treatment of this disease.—Medical Herald.

MODERN THERAPY.

SECONDARY ANEMIA.

Dr. Milton P. Creel of Central City, Ky., in his capacity as railway surgeon and general surgical consultant, finds the most intractable forms of secondary anemia are those which follow upon severe injury—where amputations are necessary.

In these cases he has failed altogether with ordinary iron preparations, they producing, almost invariably, biliousness, and often severe constipation. To obtain the best results he has now accustomed himself to the employment only of Henry's three chlorides in doses of one to two teaspoonfuls three times a day—the small amounts of bichloride of mercury and chloride of arsenic add, he holds, to the efficiency of the proto-chloride of iron, which the preparation contains, besides is most grateful to the palate of adults and children.

IN LARYNGEAL OR WINTER COUGHS.

Dr. Walter M. Fleming ("Journal of Nervous and Mental Disease") says that in acute attacks of laryngeal or winter cough, tickling and irritability of larynx, Antikamnia and Codeine Tablets are exceedingly trustworthy. If the irritation or spasm prevails at night the patient should take a five-grain tablet, containing $4\frac{1}{2}$ grains Antikamnia and $\frac{1}{2}$ grain Sulphate Codeine, an hour before retiring and repeat it hourly until the irritation is allayed. Allow the tablet to dissolve slowly in the mouth, swallowing the saliva. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail in the morning or at midday, the same course of administration should be observed until subdued. In neuralgia, in short, for the multitude of nervous ailments, he doubts if there is another remedial agent so reliable, serviceable and satisfactory, and this without establishing an exaction, requirement or habit in the system, as morphine does.—The New York Medical Journal.

Parke, Davis & Co. will protect all their patrons in any suit brought for infringement of the recent patent granted on Antitoxin. Read their advertisement on the last page. There is always something there to repay your interest.





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